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**HEALTH and HUMAN SERVICE NEEDS  
in COAL IMPACT AREAS  
in EASTERN MONTANA**

**1982**

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**HEALTH and HUMAN SERVICE NEEDS  
in COAL IMPACT AREAS  
in EASTERN MONTANA**

**A Report to the Montana Coal Board**

**Prepared by  
Health Development Associates  
Missoula, Montana**

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## INTRODUCTION

Coal has played a significant role in American history from the development of a vast rail transportation system, to the formation of giant industrial enterprises, to a considerable rise in the importance of unionism under John L. Lewis. The industry has been characterized by periods of tremendous growth and national importance and equally dramatic bust periods. Often the factors behind the boom or bust were completely outside the control of the industry.

The boom and bust cycles of the coal industry not only affect corporate profits, they affect individual workers and families. Mining is a skilled job, and work opportunities are limited. As one mine closes and another opens, the coal miner picks up and moves with the work. When the industry is down and workers are laid off, families may be split up while one or the other spouse goes off to seek temporary employment.

The OPEC oil embargo in 1973, and President Ford's call for an "Energy Independence" movement in 1976, made previously unprofitable coal deposits in the intermountain west good investments for the capital rich energy companies and the enterprising speculator. By the mid-1970's social science researchers were beginning to talk about a new variation of the boom and bust coal theme. In 1974, ElDean Kohrs, of the University of Wyoming, coined the phrase "Gillette Syndrome" to characterize the social and cultural trauma that accompanied large scale energy development projects in small, rural, western communities.

As the research papers illustrated, energy development was not without its problems. The general public was presented with polar views of the development. "60 Minutes" portrayed a depressing picture of boom towns built overnight and every day growing farther out of control, while the energy companies were painting a picture of energy development as a patriotic duty. As with most highly publicized issues, the truth lay somewhere in the middle. There are undeniable benefits from energy development: new jobs; cheaper energy supplies; and less vulnerability to foreign political instability. There are also costs: social disruption and dislocation of rural communities; personal and family disintegration; and, sometimes, damage to a fragile environment. The question is how can the benefits of development be transposed into an improved quality of life for all those affected.

In March of 1982, the Montana Coal Board decided to study human service needs in Rosebud, Big Horn, Treasure, Powder River, Custer, Wibaux and McCone Counties. They issued a Request for Proposals to perform the following tasks:

- 1) Collect existing data on human service needs;
- 2) Analyze the existing data;
- 3) Assess the current human service needs; and,
- 4) Project future human service needs.

On May 27, Health Development Associates, Inc. (HDA) was awarded the contract to perform this work.

HDA's staff includes professionals from a variety of health related



disciplines, each with significant work experience in the delivery of health and human service programs in rural areas. Our general methodology for addressing community problems is based on four major premises. First, the community must identify the problem areas which need to be corrected, and the resources it has available to solve the problems. This includes looking at available need data, reviewing what has been done elsewhere, and most importantly what the community sees as its priorities. Second, a consensus plan must be developed to provide guidelines for community decision making related to the desired action. This requires a structured planning process which includes representation from all elements of the community. Third, technical support must be available to the community during the plan implementation period. Local institutions, agencies and individuals responsible for carrying out the action plan need a readily accessible, professional, resource to assist in locating and evaluating options and alternatives. Finally, the planning and implementation process must improve the problem solving skills of community residents. Once the technical assistance is withdrawn, the community must be capable of meeting the challenge alone.

This approach to community problem solving puts primary emphasis on the community's view of its problems. It is our experience that while service data may indicate gaps in the formal services being provided, and research may suggest certain types of remedies, different communities perceive their problems differently, and consequently choose to organize their formal and informal resources differently to meet the perceived need. A community will act according to the severity of the perceived need, or the perceived consequences of not acting on a particular problem. Our methodology for this project reflects this experience.

Starting in early June, HDA began to contact federal, state and local government officials with regard to the availability of data related to human service needs, and projected coal development activity, in the seven counties. In addition, project team members began a search of existing literature on impacts from energy development. These activities continued throughout the duration of the contract period.

In mid-June, work started on a process for collecting input from community residents on human service needs. This component eventually included the development of a list of representative community members to personally interview, an open-ended questionnaire, a group discussion format, and a group process approach to synthesizing the community input. HDA spent a total of 39 staff days in the designated counties gathering and processing input from community residents.

Determining future human service needs involved contacting a variety of public and private organizations to ascertain realistic demand and development projections, analyzing data on existing needs and services currently being provided, and then applying our professional judgment to this data. As a part of this process, an interview schedule was developed and those companies who had indicated an intent to develop coal resources in the state within the next ten years were contacted about their current estimates of development activity and their position on company responsibility for impact mitigation.

This report is divided into four sections. The first section presents the



major findings of the study. It also includes descriptions of the health and human service needs of each county as reported by residents, community concerns over possible future coal development, and summaries of the statistical data compiled on each county.

Section two deals with future health and human service needs in the designated counties. Current planning of those companies who have submitted ten year development plans to the Department of Natural Resources is outlined. This section also presents several decision making tools for reviewing health and human service proposals.

In the third section, the methodological approach taken by the contractor is explained in more detail. This section contains a description of the data collection procedures and a critique of the data sources.

The Appendices include annotated bibliographies on the data sources used and the impact research literature considered most relevant. Data sources reviewed (but not used) are also presented. Lists of all persons contacted during the contract are presented. Finally, there is a statistical profile for each of the counties of the health and human service needs and the services currently being provided.



## **Section 1: Current Health and Human Service Needs**





## OVERVIEW OF THE IMPACT PROCESS

There is no uniform description of impact for Montana's coal development counties. Each county is quite individual with respect to the level of impact it has received and how it has responded. There are, however, certain characterizations than can be used to gain an understanding of the health and human service needs created by coal development in Montana.

All seven counties which are a part of this study have been affected in some manner by coal development in Eastern Montana. The impact process begins when a community is targeted for development. It then continues through the boom period and the bust, with the entire cycle often repeating itself. Eastern Montana counties presently range in scope of impact from McCone County, which is targeted for future development, to Rosebud County, which has undergone rapid growth and urbanization ("boom town growth"). We have found that the degree to which coal development impacts a community and creates unmet health and human service needs is dependent on four variables: 1) the magnitude and composition of population growth, 2) the proximity of the development to the community, 3) the flexibility of the local governmental and service delivery institutions in responding to the impact and 4) the flexibility of the community in adapting to the stresses of its changing expectations and way of life.

Perhaps one of the most significant findings of our study is that there are many levels of impact that result from coal development. While existing literature deals almost exclusively with boom town growth and impact, we found in Eastern Montana a broader range of impact and resultant need.

As a result of coal development, or even the serious prospect of coal development, the traditional rural agricultural identity of a community changes. The community becomes more urban in nature with increased formalization or bureaucratization of local institutions, a breakdown in the informal decision making processes and increased fragmentation. Residents from each county reported that they feel a loss of control over the future of their community. The energy companies, the federal government, the state government and even OPEC now have far more control over the future than the residents themselves do. The place which people knew as home and where they have had a sense of security and stability has changed. This change excites some residents because of the anticipated or realized opportunities. Others are frightened because their home has become a different place.

With impact comes the need of each community to plan in an organized manner their response to the changes. It is important that throughout the entire impact process the community anticipates needs, including health and human service needs which traditionally have not received significant attention in planning efforts, and develops a response that suits that particular community. We heard from a number of town and county officials that they wanted growth. However, they wanted that growth to be phased, moderate in pace and predictable. In other words, planned. All seven counties have increased their planning efforts as a direct result of coal or, in some cases, oil development. At least some segment of residents in each county is aware of the need for ongoing planning and has begun developing the necessary skills and planning structure. Local residents repeatedly told us that it is



important for the planning process to include broad community involvement. We find from our experience that organized community based planning will help a community maintain control over its future. We also find it is essential in responding effectively to health and human service needs.

People in each community stressed their concerns about the uncertainty of the future. This uncertainty has in some cases inhibited the development of an ongoing community planning process. In several communities residents voiced concern over the lack of complete information on the status of coal development projects and frustration in investing community energy and resources into setting up a planning process for managing development that may never come. To reduce that uncertainty as much as possible and to plan for the future many community residents feel it is important for all organizations and agencies involved in the development or mitigation process (coal companies, state and federal agencies, Coal Board) to work closely together with one another and with the community. This often includes neighboring communities and even states. Some communities felt they only had limited information about the role of the Coal Board and other state agencies involved in impact designation and mitigation. Other communities mentioned a satisfactory working relationship with coal companies and the Coal Board. We find a strong rationale for some form of partnership through which good information about the status of coal development projects and the experience of other impacted communities, as well as technical and financial assistance, is readily available and accessible to communities planning for impact.

Prior to impact each of the seven counties had similar health and human service needs--similar to each other and similar to other rural agricultural communities in the West. There were shortages in medical services, problems with alcohol and drug abuse, mental health, family violence and crime and a lack of recreation facilities. These were, however, all problems that the counties were addressing through their existing institutions and service delivery systems.

Early in the impact process, as in McCone County, these needs become accentuated and local resources strained. Agencies, provider groups and informal service deliverers in rural Montana communities are usually small organizations offering generalized traditional services to a stable client population. Often they are provided through a satellite office on a part-time basis. As new and different types of people move into the community, existing problems are further accentuated and new ones develop. It becomes more and more difficult, if not impossible, for existing resources to cope. They are required to expand and change. Housing shortages, crimes against property, public medical and social services for the indigent, multi-problem families, newcomer expectations for services they have had available elsewhere and health and human service personnel drain due to competition from high paying energy jobs become new problems. Experience with the impact of coal development on health and human services in Rosebud and Big Horn Counties demonstrates this basic progression. Experience in Rosebud also appears to bear out studies that have shown that in boom town situations certain problems rise many times greater than the population increase. These are alcohol and drug abuse, mental illness, family violence and crimes against property.

Two additional problems which have traditionally existed in the seven counties but have become greater because of coal impact, are problems with



coordinating services and staff turnover. People in each county expressed these problems as major. In order to make the best use of available resources and respond effectively to the health and human service needs caused by coal development, these two problems must be resolved. Three suggestions that we routinely heard in the counties as solutions to these needs are: service providers participating in an organized planning process, training local people to respond to the problems caused by impact, and working with other counties in a regional approach.

Before presenting the statement of need we wish to re-emphasize that the needs and the necessary responses to those needs are unique for each community. The appropriate response to meeting the primary medical service need in one community may be totally inappropriate in another. The four variables that we listed above can be useful in defining the unique characteristics and appropriate responses.



## SUMMARY STATEMENT OF NEED

Coal development has clearly created health and human service needs in several eastern Montana communities. In presenting them, we find it useful to describe both these needs which are generally characteristic of Montana's impact counties and those which are specific to an individual county.

In working with this information it is essential that three issues be kept in mind. First, the needs presented here existed at a specific time and place. They are dynamic and they change. In order to compensate for that inevitable change we have included several analytical and decision making tools in the section on Future Needs. Second, our county specific information is not intended to be all inclusive. The scope of this project did not provide for such comprehensiveness. We feel confident that all needs which are listed are genuine needs. On the other hand, if something is not listed it does not mean that it is not a need. Third, we have used the following as our working definition of impact:

Impact is the process of change and the change itself which occurs in a community as a result of coal development. Impact is cyclical in nature beginning when a community is targeted for development. It continues through a boom period to the bust, with the cycle often repeating itself. In many cases, impact from coal development in the West cannot be separated from the impact of other resource development because they occur in the same areas, draw on a common labor pool, and create a common set of community stresses and resultant service demands. Finally, impact occurs within a regional context where events in one community or state directly affect other communities or states within the intermountain west.

### GENERAL NEEDS (Not listed in priority order)

While these needs are presented separately, they are interrelated. A program addressing one need will often affect other of the needs as well. These needs generally apply to a community at any stage of impact, and only slight adjustments are needed to describe specific community situations.

1. Establishment of a community planning process - Each impacted community should establish an organized and directed planning process in which all segments of the community engage in dialogue and decision making concerning their future. This process is broader than traditional land use planning which often includes only representatives of particular interests, rarely considers social impacts, and produces a document which may or may not be understood and supported by community residents. All parts of the community must be represented in the community impact planning process, those that will benefit as well as those who may lose out from development, and the anticipated changes in the community and the resultant health and human service needs are an essential part of the



discussion. Such a process is critical in responding to impact, and the strength of local public leadership is a key determinant in its success. The planning process will develop a sense of control, by helping to get appropriate decisions made and increase the levels of coordination, cooperation and integration within the community as a whole and within individual segments such as the health and human service system. Perhaps the most essential point is that the planning process is more important than the production of a "Plan Document."

2. Establishment of a partnership between the community, the companies, the State and the Coal Board - This partnership should be established in order to improve the availability and accessibility of information and assistance related to coal development and the mitigation of its impact. Partnership could take the form of regular formal or informal meetings between all interested parties, creation of task forces on a development project or community basis, compilation and distribution on a timely schedule of written reports that present information on current status of development projects and impact mitigation plans. These activities should be integrated into the county planning process.
3. Development of flexibility/adaptability in local institutions - Each impacted community should develop the capability in their local institutions to respond effectively and efficiently to the changing demands created by coal development. This can be done by increasing appropriate training for both government officials and service providers, participation in the community wide planning process, changing local organizational structures, incorporating representatives of newcomer populations when possible and planning for regional delivery systems where appropriate.
4. Development of community integration - Communities where disintegration is high have greater levels of health and human service problems and often find it difficult to maintain a community planning process. There is considerable evidence that when an organized and structured approach is used to involve residents, both old and new, in community activities such as church, clubs, recreation, government and services, the level of integration increases. Special outreach efforts, e.g., welcome wagons, community directories, newcomer and oldtimer impact teams, have proven effective in other impact areas. Employment of local residents in energy development related jobs can also promote community integration. Through the integration process, a sense of community develops which encourages residents to take more control in responding in general to future challenges and specifically to the needs brought on by coal development.
5. Training local people to perform the new jobs created by coal development - Local residents should be trained for the new jobs created directly and indirectly by coal development in their community. This allows for local people to maintain a sense of involvement with the future of their community. Residents who originally provided health and human services through informal networks such as churches and service groups can be excellent candidates for jobs that are set up to provide these services on a more formal basis. If local people are trained to provide health and human services, the serious problem of social service staff turnover and its costs are greatly reduced.



6. Increase in social work and mental health services - With change comes an increase in stress, dislocation and other personal and group problems which require professional assistance. Social service case studies have shown that it is not only newcomers who require this help. Long-time residents dramatically increase their use of social work and mental health services.
7. Increase in recreation facilities and activities - Inappropriate or dysfunctional behaviors increase in a community with coal development, e.g., alcohol and drug abuse and family violence. Research evidence demonstrates that a structured recreation program which reaches all segments of the population can serve as an effective alternative to such inappropriate behaviors.
8. Increase in prevention services - In approaching any of the needs created by coal impact it is important to attempt responding to them with timely, preventive action. Such an approach is less costly in the long run and it increases the likelihood of solving the problems instead of merely reacting to them. Employee Assistance Programs, which attempt early intervention for employees with alcohol, drug, emotional, financial or other personal problems which may affect job performance, have been shown to be many times more cost-effective than firing an employee and trying to hire and retrain another. Similarly, good pre-natal care programs which are designed to detect problems and encourage healthy behaviors are much less expensive than continued care for preventable congenital health problems or new born intensive care treatment often required by a premature birth.
9. Increase funding options for health and human service mitigation proposals In addition to 100% grants there is excellent rationale for the Coal Board to provide either matching grants or loans. Both of these alternatives have been shown to improve a community's planning process as well as its commitment to a particular program. People we talked to supported such action. This flexibility would make funds available for additional needed services.
10. Development of proposals keyed to stages of impact - There is further rationale for funding different types of proposals at different stages of impact. Prior to construction, community awareness programs, community-wide planning meetings, or education/prevention programs might be most appropriate for a problem such as alcohol or substance abuse. After development hits the community, increased counseling staff, improved detoxification facilities, increasing law enforcement capabilities, or the development of a regional in-patient treatment program may be appropriate. The impacted community, or communities, can plan one step at a time, not overbuilding or underbuilding as a reaction to the most immediate impact demands.



## SPECIFIC COUNTY NEEDS\*

### ROSEBUD COUNTY

#### GENERAL DESCRIPTION

During the 1970's Rosebud County was transformed from an agricultural to an industrial based economy. As a direct result of the Colstrip power plants the County population rose from 6032 in 1970 to 9899 in 1980, an increase of 64.1%. During that same period the assessed value of county property rose from \$29,374,077 to \$243,980,871. The population growth impacts occurred throughout the county with the primary impacts occurring on Colstrip. Those impacts have fluctuated with peaks occurring during the construction of Colstrip units 1 & 2 and now again with units 3 & 4.

The population of Colstrip has risen from 450 in 1970 to 3800 in 1980, and to 7200 in 1982. The population in Forsyth rose from 2156 in 1970 to 3516 in 1980.

The early community planning response to rapid growth was fragmented and largely incomplete. Much of the communities' early energy was spent on various aspects of the permitting process for the power plants. In addition fragmentation and hard feelings quickly developed between the different geographic and organizational groups (Rosebud County, Forsyth, Colstrip and Montana Power Company). Community people feel that planning and service delivery during the construction of units 1 & 2 was a "mess". They further feel that planning and service delivery have improved significantly during the construction of units 3 & 4. People feel that this improvement is a direct result of experience gained during the first construction period. The fragmentation, however, continues to exist and it may be worsening.

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\*The specific county needs which are detailed in this section rely heavily on data gathered in county site visits. We have carefully evaluated the community residents' statements of need and priority and the existing statistical data and feel that within the scope of this study, this information is the most appropriate statement of need. Again, it is important to note that the county specific needs are not intended to be all inclusive.

We wish to note here that our heavy reliance on county residents' input was related to the high quality of that input. We attribute this quality to two factors. First, the people we interviewed had a great deal of information, both objective and intuitive. They knew their communities well and cared deeply about their future. In addition, many of them also knew about the experiences of other communities with coal development in the intermountain west and the efforts these communities are making to mitigate coal related impacts. Second, the research methods that we employed are extremely effective in tapping the range of community experience as well as determining commonalities of community concern.



Rosebud County residents are divided on whether the impacts have been positive or negative. There has been economic growth and an improvement in virtually all local services. At the same time the economic and social base of the county has been changed from agricultural to industrial. Some long time residents told us the county "would never be home again." With growth and change has come the introduction of new values and ideas and a change in life style and job expectations by county residents. Demand for local services has increased--for some many fold. Alcohol and drug abuse, family violence, mental health problems and crime have all increased exponentially. Rosebud County is a very different place than in 1970.

Currently there are five distinct new populations as a direct result of resource development:

1. Production and construction workers for the mines; people in their 20's and 30's with some skills, often with families with young children
2. "Seismos"--the seismic crews; young people who are very mobile; often without families
3. New transient population; people with few skills and little money, often with families, who move to a coal development area because they have heard there may be jobs of any kind. The recent increase in this transient population has put a strain on county health, social services and law enforcement agencies. This population, often characterized by multi-problem families, expect expanded services which they have been familiar with elsewhere.
4. Permanent well paid employees who are responsible for the management and operation of the Colstrip complex--Montana Power, Western Energy and Sunlight Development
5. Permanent business people and professional workers who have moved to the area to provide services to the expanded population

#### HEALTH AND HUMAN SERVICE NEEDS

##### Forsyth

1. Housing - As the population increased, housing became scarce causing an increase in property values and taxes. This has presented a problem for the city's older residents who feel the need for a subsidized retirement facility. During the construction phase for Colstrip units 3 & 4 there is a severe shortage of places for trailers and R.V.'s to park.
2. Alcohol treatment and education - Alcohol and drug abuse services are stretched very thin. There has been a noticeable increase in the need for services among the youth population. Additional out-patient and prevention services and accessible in-patient detoxification facilities are needed.
3. Youth services - Several respondents mentioned youth behavior problems and linked them to an increased divorce rate, poor parenting skills and the lack of boundary setting due to community fragmentation and transience. Group foster care facilities are needed along with improvement in the coordination of child abuse/neglect services. The development of a child



abuse team is desired. Unplanned teenage pregnancy was also mentioned as a problem that needs to be addressed by school and community agencies.

4. Medical and hospital services - The community does not have available and accessible a full range of medical and hospital services. Specifically, 24 hour emergency care, obstetrical care and improved linkage with surrounding communities are needed.
5. Mental health - The mental health worker's case load is extremely high and 25% of that load is emergency care. Approximately half of the client load are newcomers. Additional staff is needed as well as state reimbursement for emergency care.
6. Criminal justice - With the influx of a large transient population, petty crime has risen dramatically. More probation officers are needed to handle the load. Also with the transient growth there has been an increase in involuntary commitments. The county is averaging as many as one involuntary commitment per week. The person is required to stay in the County Jail, which has no appropriate facilities or personnel, for up to two weeks. An improved process is needed to handle this situation.
7. Public health - There has been an increase in the community's childbearing population. Services for that population are needed, including well child clinics, prenatal and parenting classes and family planning. Also, needed is improved accessibility to both public health and medical services for the new indigent population.
8. Recreation - Both indoor and outdoor recreation facilities, particularly for young people, are needed.
9. Water protection - With population growth, contamination and depletion of groundwater causes some concern. Assessment of the protection of the county's water resources is needed.
10. Professional staff stability - There have been high rates of staff turnover among health and human service providers. Improvements in the local support system and more training of local people to provide services are needed.
11. Coordination of services - Rosebud County's recently approved grant application to the Coal Board entitled "Comprehensive Human Services Program," will attempt to improve the coordination and delivery of health and human services in the county by centralizing programs under a representative community board. The board will have a full-time administrator.

#### PRIORITIES (not ranked in any particular order)

Medical and hospital services

Foster care and group homes

Coordination of services



Mental health services

Recreation for youth

HEALTH AND HUMAN SERVICE NEEDS

Colstrip

1. Housing - There remains a severe lack of housing in Colstrip and the surrounding areas during the construction period for units 3 & 4. Construction workers and transients are parking their trailers and R.V.'s on the sides of roads and streets and on private property. After construction is completed, housing should be adequate. In the meantime, additional temporary trailer spaces are needed. Rent continues to be very high and many people feel the high cost and limited accessibility of housing are major limitations to the development of the community.
2. Alcohol and drug abuse treatment and prevention - Although much progress has been made by community leaders (Parents Against Drug Abuse) and school and services officials, drug and alcohol abuse remain serious problems. Concentration on the new drug education curriculum, an expanded employee assistance program, community education, and additional service providers are needed. Equally, if not more important, are the needs for alternative forms of local entertainment and the development of community stability and integration.
3. Crisis services - Because of the isolation and lack of integration within Colstrip, a major primary and secondary prevention program is needed. Social service providers felt that spouse abuse was a particular problem in Colstrip and that expanded spouse abuse services were necessary. In addition, child abuse and neglect, parents anonymous and expanded rape victim services are needed. The existing Crisis Line is reorganizing and needs expanded financial and staff support.
4. Medical services - The Colstrip Clinic needs a stable physician group, a closer working relationship with the Forsyth physicians and hospital, and obstetrical care. The clinic itself requires expanded space for emergency procedures and out-patient care. Both clinic staff and community members discussed the need for medical services to be available 24 hours per day and for the clinic to serve more as a community health care facility offering a broader range of services, (e.g., pre-natal, post-partum, family planning, weight control, and medical self-care classes). There is a strong desire for the clinic to become financially self sufficient.
5. Mental health services - 50% of the mental health services provided are considered emergencies and the overall case load is very heavy. We were told that these service needs are largely caused by the high levels of stress and isolation in the community. Several community members mentioned that unemployed women are particularly vulnerable to depression and isolation, and that special programs need to be tailored to their needs. A range of preventive efforts to reduce stress and isolation would help reduce the mental health problems. Additional counseling, community



outreach and employee assistance services are needed for those who have problems.

6. Recreation - Colstrip has constructed a very nice community center, parks and ball fields. Community members point out that the use of these facilities is often low. More organized activities targeted at all segments of the population are needed. Particular attention to the needs of young people and persons living in the trailer areas is necessary. There is almost a total lack of consumer recreation services such as restaurants, bowling alleys and arcades. Development of positive recreation activities will help reduce some of the negative recreation activities in the community.
7. Public health services - Although a half time public health nurse will soon begin working in Colstrip, community residents feel the service will remain inadequate. A public health nurse can, in addition to providing services, also provide a strong inter-agency coordination role.
8. Consumer services - A town of 7,000 needs stores in which people can take care of daily business. Every person we talked to expressed this need.
9. Outreach and community education -- Many people in Colstrip are not aware of services available to them. It was pointed out that community education about available services and outreach programs targeted at high risk populations (women, youth) are needed. Also more effort is required in targeting service programs specifically towards these high risk populations.
10. Youth services - As discussed for Forsyth, there is a need for more options such as probation for status offenders and group homes for responding to youth behavior problems. Parenting skills classes, expanded foster home options and training for foster parents are also needed.
11. More professional staff stability - Staff turnover has been one of the major problems in responding to service needs of Colstrip residents. This is an ongoing frustration because continuity, coordination and quality of services in a small community are closely tied to individuals rather than institutions. The turnover has caused programs to repeatedly take steps backward from whatever progress had been made. The new service consolidation program is seen by many service providers as a way to increase staff productivity and their ability to serve multi-problem families; therefore, cutting down on staff burnout and turnover.
12. Community integration - 7000 people live in Colstrip but few of them consider it "home". We were told that "no one is born here and no one dies here. On the town plans there was not even a cemetery." Town residents do not govern themselves, they do not have local stores to shop in or restaurants to eat in and they do not mix very well among themselves. People go somewhere else on weekends and holidays. Nearly every person we spoke with talked of the need to harness the considerable people energy in Colstrip to develop a town that has a personal identity and is home. This item is tied very directly to every item above.



## PRIORITIES

All of the above.

## FUTURE DEVELOPMENT

Following the completion of Colstrip units 3 & 4, it is anticipated that the population of Colstrip will settle to a stable level of about 4,500. Most of the transient population will leave the area at that time. Many of the difficult problems associated with the construction and transient groups will be alleviated. At some point Colstrip will incorporate and it has been suggested that Colstrip will become a new trade center. Without further major development the county will settle down and use the experiences it has gained during the growth period to deal positively with its health and human service problems. The county will, however, never be as it was before the boom.

If the coal development along the Tongue River occurs there will be major new health and human service problems in the county. It is anticipated that much of the new population will live in Ashland where there is no plan for the organized development that occurred in Colstrip. Most of the people we talked with predict a disastrous situation in Ashland if all-out development occurs in that area. Colstrip and Forsyth will also receive impact because of their proximity to the development. The MONTCO Environmental Impact Statement lists Colstrip as the site for much of the new impact. Most people we talked to in Colstrip don't believe that.

If renewed rapid growth occurs the county will find an even harder time in trying to meet its health and human service needs. Although community members and county officials have gained much experience during the past ten years, it is unlikely that they will be prepared for the magnitude of the new growth on top of what has already occurred.



## ROSEBUD COUNTY STATISTICAL SUMMARY

Of the seven counties, Rosebud county experienced the largest population growth during the 1970's at 64.1% It has the youngest population with the lowest percentage of elderly persons. It has the second largest minority population and includes the Northern Cheyenne Indian Reservation.

Rosebud stands first in per capita alcohol consumption for the three years analysed and is first in alcohol program admissions in the seven counties. The program admission rate for the last four years has been more than three times the state average. There was a significant decline in the program admission rate during 1981 but this can be attributed to a great extent to counseling personnel turnover rather than a decrease in demand.

The overall crime rate in 1981 ranked third behind Custer and Big Horn among the designated counties. Rosebud exceeds statewide crime index averaged for counties <10,000 in population in all categories. Crime rates have fluctuated paralleling the construction activity at Colstrip. In 1973, before construction began, the "Total Crime Rate" was 1943/100,000. In 1975, when construction peaked, the rate was 3413/100,000. Similarly, in 1978 before construction started on Colstrip 3 & 4 the "Total Crime Rate" stood at 1378/100,000. In 1981, still in the midst of the construction population build-up, the rate stood at 4970/100,000. This is a typical pattern for boom towns according to the research literature.

Among the seven counties, Rosebud has the second highest program admission rate for mental health services and the second highest admission rate to Warm Springs (after Custer in both cases.) There are a disproportionate number of emergency client contacts particularly in Colstrip.

Industrial or work related accidents are the highest in the seven counties. 25% of all client accounts at the Colstrip Clinic are accident related. Heart disease and stroke mortality are low probably reflecting the young median age of the population. Rosebud ranks second in emergency medical service trained personnel per 1000 population of any of the seven counties.

In primary health care, Rosebud county ranks 50th out of 56 Montana counties. Some of this can be attributed to Reservation health problems. Also, Rosebud has had to rely on two year commitments from National Health Service Corps physicians in the past and this physician instability has been a problem in delivering and coordinating services with any continuity.

Winter recreational facilities could be improved. The outdoor park system has been helped by over \$1,000,000 in federal aid.



## BIG HORN COUNTY

### GENERAL DESCRIPTION

Big Horn County has experienced a pattern of slow, steady growth in the last 10 years (10.3% from 1970-1980). While some early projections of resource development predicted rapid population expansion and the possibility of boom town conditions in the southern part of the county, the existing coal development has brought an increase in the county tax base without large increase in the population. The assessed value of county property rose from \$40,545,663 in 1970 to \$303,082,783 in 1980. The population impacts have occurred across the state line in Sheridan, Wyoming, where most of the coal workers have located.

The town of Hardin, which is the county seat, is located over 80 miles from current coal development. It absorbed some of the population increase in the county (3732 in 1970 to 4249 in 1980, an increase of 13.8%). Existing governmental and commercial services were available to meet the needs of the new residents.

Community leaders concerned with the possible impacts of rapid growth have participated in planning efforts as growth has occurred and have met with planners and service agency personnel to discuss emerging problems and ensure that county services keep pace with growth.

As a result of these factors, many Big Horn residents feel they were ready for growth when it came and ,therefore, did not suffer some of the negative impacts that other communities have experienced. The county continues to have an agricultural base and maintains a rural atmosphere and lifestyle. However, several residents mentioned an increase in the cost of living in Hardin and the county attorney mentioned a growing number of bad checks turned in by local businesses.

Currently there are five populations present in Big Horn County as a result of resource development:

1. Production and construction workers for the mines; people in their 20's and 30's, often with families with young children
2. "Seismos"-the seismic crews; young people who are very mobile; often without families
3. New transient population; people with few skills and little money, often with families, who move to a coal development area because they have heard there may be jobs of any kind
4. Permanent higher skilled employees who are responsible for the management and ongoing operation of the mines
5. A small number of permanent business people and professional workers who have moved to the area to provide services to the expanded population.

These populations put a strain on existing governmental, health and commercial services. Currently there is a significant increase in the transient population who are seeking county health and social services and in the number of mine workers who have been laid off and are seeking food stamps



and other forms of assistance. Several respondents also mentioned a growing number of households headed by unemployed women who are seeking assistance because they have been left by husbands unable to find employment in the county.

There has also been an increase in Indian population moving off the reservation into Hardin. Often these are young Indian families attracted to a more urban life style; some may be working in coal-related employment.

## HEALTH AND HUMAN SERVICE NEEDS

### Hardin

1. More accessible housing - As new populations move into Hardin, all available, moderately priced housing becomes filled. Often rents are raised because of increased demand for rental units and trailer spaces. Older residents and others on fixed incomes have problems finding affordable housing. There have been efforts to meet this need (a new trailer court, a retirement and nursing home) but these will only meet part of the need. The increase in transient population, which can be characterized by families living in pick ups and R.V.'s, also puts occupancy pressure on parks, campgrounds and other public facilities.
2. Alcohol treatment and education programs - A majority of community respondents commented that Big Horn has a very high alcoholism rate for adults and youth; there is a great deal of drinking in all parts of the community. A need was voiced for greater emphasis on prevention programs and for a treatment center closer to the community than Galen. The current program will expand when possible into more prevention efforts. There is a significant need for and community interest in an emphasis on school programs for youth and on community education.
3. Crisis line and safe homes - The community does not have these resources available at this time--the all volunteer crisis line folded due to staff burnout a year ago. Those that worked on the line still see the need but require another form of organizational support, etc. Spouse abuse is a problem in the community but no one is currently providing shelter, etc. Several service providers mentioned special concern about domestic violence and child abuse in "newcomer" multi-problem families.
4. Services for youth - A number of respondents mentioned that the Hardin community needed day care services; no organized day care is now available. Child abuse is a significant problem and there is a need for foster homes for teens and younger children. A group home or a halfway house for teens, and a guardian ad-litem (special attorney representing childrens' interests) program for children involved in custody cases were also mentioned as needed services.
5. Medical care for working poor - Health service providers are finding that a number of lower income families are unable to afford adequate medical and dental care. Since there are no assistance programs for this income level, family members are doing without services or seeking them from public health.



6. Coordination of social service - There is a large demand on social services from "newcomer" multi-problem families. Some agencies have had to shift to providing only emergency services. Community services need a multi-problem focus so that agencies involved in all aspects of a family's problems can work together. Outreach to these families to alleviate strains due to isolation, violence, etc. is necessary.
7. Professional staff stability - Staff turnover was identified as a major problem by several social service providers. Suggested solutions included more options for continued education and training and variation in job duties.
8. Community integration - Newcomers are not routinely integrated into the community. They often live in separate sections of town and do not become part of community organizations and social institutions. Long time residents feel displaced, that the community has changed, that they are surrounded by strangers. Some members of both segments feel isolated and alienated which in turn can lead to stress, violence and alcohol abuse. There is a growing adult education program but other organized outreach efforts are also needed to make newcomers aware of services available and to integrate them into community organizations.

#### Other Communities

These needs are the result of the rural nature of the communities rather than coal development but they will affect the impact of future coal development in this area.

1. Sewer and water
2. Movie theater and other commercial services

#### PRIORITIES

#### Hardin

Community integration

Development of alcohol abuse prevention programs in schools and community

#### Other Communities

See Needs.

#### FUTURE DEVELOPMENT

Most county services are in place and have the institutional infrastructure to expand as becomes necessary. Currently most services are



functioning at 85-90% of capacity. Services will overload and require significant expansion if growth increases dramatically or becomes very rapid. Social service agencies have contingency plans for field offices in impact areas.

It is not possible to know whether the existing development pattern will hold. There is potential for very large, rapid growth in Big Horn County since future coal and oil developments are possible. If development occurs on the reservation, there are major questions as to jurisdiction of the county government that will have to be resolved.

Population impact of future development in Big Horn County is hard to predict. It is likely that Hardin would absorb the larger part of any population that locates in the county. Lodge Grass could sustain some non-Indian population but Indians do not want a large influx of non-Indians on the reservations because they are afraid they would become minorities on their own reservations. Fort Smith and Wyola have few services available and water and sewer problems would make expansion difficult.



## BIG HORN COUNTY STATISTICAL SUMMARY

Big Horn county had the second highest population increase of any of the seven counties, but the percent increase was still less than the state as a whole. Hardin experienced a 13% increase, which was higher than the county's 10%. Big Horn has a smaller percentage of elderly than any designated county except Rosebud. The Crow Indian Reservation makes up 45% of the county population.

The county has the lowest per capita alcohol consumption rate of any of the designated counties, but has been the second highest in alcohol program admissions over the past four years. Alcohol related motor vehicle accidents were the highest of any of the seven counties for the 1978-81 period. The county health department just assumed control of the alcohol program in 1982, having previously been a satellite office of the Yellowstone alcohol and drug program.

In 1980, Big Horn exceeded the state average in crimes against persons by 100%.

Domestic violence reports are higher than in any of the seven counties and well above the state average. Marital termination rates are close to the state average and generally higher than other impact counties. Big Horn ranks third in domestic relations district court cases among the designated counties.

Rates of crime, unemployment, alcohol usage, domestic violence, and percent of the population below poverty-- all indicators of community mental health-- are all relatively high compared to the other six counties.

The county ranks first among the seven counties in the number of emergency medical service trips per year. It is second to Rosebud in industrial accidents. Heart disease and stroke mortality are low compared to state averages.

There are an adequate number of physicians in Big Horn county. A new nursing home will be opened in October, replacing the existing facilities in the community hospital.

The maternal and child health statistics for Big Horn are very poor, but much of this is a reflection of the Crow Indian Reservation statistics.

Unemployment is higher than in any other county in the impact area, but the high unemployment on the Crow Indian Reservation may be a contributing factor.

The day care center in Hardin is only about half filled. There is a need for more foster care placement homes.



## TREASURE COUNTY

### GENERAL DESCRIPTION

Treasure County is experiencing a pattern of economic decline. It remains dependent on an agricultural base which is declining in value, and it continues to lose its young, working-age population to more urban areas (the population decreased 8% 1970-1980). Coal development has not occurred within the county itself although it experiences some impact from the development in the two adjacent counties of Rosebud and Big Horn. Neighboring developments have brought increased traffic on the roads, a demand for housing and trailer sites, the influx of a small population of resource development workers with different values and lifestyles, but no new businesses or tax base. The county population peaked in 1976 due to construction of Colstrip 1 & 2 (50 miles from Hysham) and the Westmoreland mine in Big Horn (40 miles from Hysham). Another population increase could occur with the current construction of Colstrip 3 & 4.

As a result of these changes brought by coal development, the atmosphere and lifestyle of the county is changing. Nothing has emerged to replace agriculture as the dominant economic activity. There is a feeling of losing out, of being passed by, an inferiority complex about the future of the county when compared to surrounding counties that are experiencing coal development.

### HEALTH AND HUMAN SERVICE NEEDS

These reflect the rural nature of the county and impacts of coal development in adjacent counties.

1. Expanded health services - Community residents were concerned about maintaining all purpose health care in the county and improving emergency services to connect with Forsyth, Hardin, etc. The nature of the county population (children, retired, physical laborers) makes this type of health care very important. Residents mentioned the need for expansion of public health nurse hours and the periodic presence of an outreach doctor.
2. School-based health education program - Residents mentioned the need for education in the schools on drug and alcohol abuse, family planning and sex education, child abuse and domestic violence. There is also a need for improved counseling/problem solving services for kids within the community. There is no health education program in the schools now and the residents mentioned that the current social worker who is based in Forsyth is not utilized even when present in the community because she is not known by local youth.

### PRIORITIES

See needs.



## FUTURE DEVELOPMENT

The pattern of decline is likely to continue for the immediate future in Treasure County. The Sarpie Mine may expand into Treasure County in ten years but that development is uncertain as to economic feasibility or presence of coal reserves. Impact from coal development in Rosebud and Big Horn will continue and may expand as other projects go on line.



## TREASURE COUNTY STATISTICAL SUMMARY

The population of Treasure county is declining. The median age is increasing. It has the highest percentage of elderly (62 years and older) of any of the seven counties. The county population reached a peak in 1976 when construction workers on the Colstrip projects moved into Hysham and the surrounding area.

Treasure county has the lowest alcohol program admission rate of any of the seven counties, but there is no resident alcohol counselor in the county. The counselor from Rosebud county serves Treasure, also. Treasure has the highest rate of DUI summons by the Highway Patrol among the designated counties. But the interstate runs directly through the county contributing to the rate. Other than 1975-77, during the buildup of construction workers, per capita alcohol consumption has been below the state and seven county averages.

Treasure did not submit a report on criminal activity during 1980. District Court "CRIMINAL CASE" caseload, however, was higher than the seven county or state average, and higher than average for counties with less than 10,000 population. The juvenile probation caseload is low, but the county's under 18 population is very low also.

There was no reported spouse abuse in Treasure during the period of September 1981 to April 1982. The marital termination rate in Treasure is very low.

There are no agency provided mental health services in Treasure County.

Treasure county has the highest per capita rate for Total and Injury Motor Vehicle Accidents of any of the seven counties. Again, some of this may be due to the interstate traffic rather than Treasure county driving. With the new ambulance provided by a Coal Board grant, the county is well equipped for EMS service, however, there is only one certified EMT.

Treasure ranked seventh best in the state according to primary care health status indicators. This is the best ranking of any of the seven impact counties. There is no full-time physician in the county, but one comes in from Hardin once a week for a clinic, and Forsyth is only 25 miles away from Hysham. The county does not have a hospital.

Treasure's Public Health Nurse works part-time with the senior citizens program and part-time with the general population. Treasure has a small low ADC and Medicaid population. The county ranked third among impact counties in percent below the poverty level in 1977, but this may have been due in part to the slowdown in construction activity in Colstrip. Treasure is second in births to women under 19.

The county has the highest per capita allocation for Senior Citizens' services.

Youth services and programs are limited.



## POWDER RIVER COUNTY

### GENERAL DESCRIPTION

Powder River County has not experienced any significant growth due to projected coal development. The population of Powder River County has decreased, as it has in many agriculturally based counties, during the last decade from 2862 in 1970 to 2520 in 1980, a 12% decrease. Broadus, the county seat, currently has a population of around 800.

Oil development has occurred in the county, bringing seismic crews and oil field workers to Bell Creek in the 1960's. A separate living site was established at Bell Creek, 40 miles from Broadus, for oil field workers and their families. The Bell Creek development has stabilized and currently pays a large percentage of county taxes.

Impacts from oil development parallel impacts from coal development in other counties. Seismic crews and other oil related workers often fill all motels and rental units in Broadus. Currently there are no houses or apartments available for rent. Newcomer and oldtimer populations are not well integrated and lifestyle and values differences are seen by some residents as very important. Seismic workers are seen as a source of drugs and disorder in the community. The County Attorney mentioned increasing problems with bad checks and arrests for drunk and disorderly behavior.

Taxes from oil development have provided the community with expanded school facilities (although currently the school enrollment is down in Broadus), a nursing home and a new courthouse and jail.

Powder River residents' response to projected large scale coal development in Asland and the surrounding area is influenced by past experience with oil development and by frustration over the uncertainty of when and if projected development will actually come on line. Some are supportive of coal development, others are very concerned about possible negative impact on the county's agricultural base. Broadus is a polarized community: ranchers versus townspeople, newcomers versus oldtimers, officials who resist establishing a planning process versus people in Broadus interested in planning for future coal development. The Commissioners say they'll believe coal development will happen when they see tangible evidence. Some community members anticipate large coal development as soon as 1983 and believe planning must begin immediately. A few business people are anticipating coal development by purchasing property and have secured loans and begun building subdivisions, expanding motels and stores, etc.

### HEALTH AND HUMAN SERVICE NEEDS

While these needs reflect the general rural nature of the county and the impact of oil development rather than coal development, they will significantly affect impacts of any future coal development in the area.

1. Adequate housing - There is a significant need for housing for lower and fixed income people. There is a special need for some senior citizens who



do not need to move into a nursing home, yet cannot continue to maintain their own homes. Their need is for an intermediate facility that would provide one good meal per day and a live-in nurse to supervise medications.

2. Drug and alcohol services and education - Drug and alcohol information is needed, especially in the schools. There is no school program available at present. The Superintendent of Schools is also interested in a treatment program for youth drug and alcohol abusers. There is a significant level of alcohol use throughout the community and there is no community education or prevention program. Currently there is only one alcohol counselor available once a week from Miles City. Community members reported dissatisfaction with this type of service option because of frequent staff turnover, poor quality of counseling and lack of trust for the counselor as an "outsider". Kids and other "at risk" populations won't seek out a counselor "who spends their time one day a week sitting in the Courthouse."
3. Youth services - Early marriage and unplanned teen pregnancy are problems for teens and the community at large. Kids need someone known to the community that they can talk with and a place they feel comfortable going to. There is a need for parenting skills education. Some parents started a No Gap group in an attempt to communicate with their kids and provide some activities for them.
4. Child care services - No organized day care is presently available. Cases of child abuse are handled by referral from the Public Health Nurse, but concern was voiced that there is not adequate follow-up.
5. Medical services - There were many comments on the excellence of the Public Health Nurse and clinic and emergency medical services. However, there is a growing need for another doctor (there is only one now) or paramedic to see people at night or on weekends. Some need was expressed for preventive dental services.
6. Senior citizen drop-in center - While basic senior citizen services such as home health care, blood pressure checks and Meals on Wheels are well provided, there is a need for a drop-in center that would provide a meeting place and organized social activities.
7. Community integration - Several community members mentioned the polarization of different groups and interests within the county, and felt that community education and problem solving efforts are needed to resolve differences between these groups. It will be difficult for any constructive planning process to emerge in the future if the community remains strongly polarized. There need to be events in the community which bring together old and new community members, which identify and stress commonalities and community feelings. The community needs to be educated on the dynamics of integrating newcomers.



## PRIORITIES (not ranked in any particular order)

Adequate housing

Drug and alcohol education in schools and community

Community education and integration

## FUTURE DEVELOPMENT

Some community members expect rapid coal development as a result of the five mines projected to open near Ashland. The Custer County Planner has predicted that some 500 workers per mine might be brought in for those developments and that Broadus, as the closest center of commercial and social services and schools, would be heavily impacted. Broadus is approximately 50 miles from the proposed development. Others in the county are opposed to the proposed development and are concerned about the environmental impact, particularly on agricultural water supply and purity. There is a feeling of frustration because of the uncertainty of development and the difficulty in knowing if and when it makes sense to start planning for impact. This frustration and the polarization of the community over the impacts of development make a constructive planning process difficult to achieve. Residents expressed concern for more direct contact with the Coal Board and assistance in planning to mitigate impact from the Tongue River Railroad and mines project.



## POWDER RIVER COUNTY STATISTICAL SUMMARY

Powder River saw the biggest decline in population during the 1970's of any of the designated counties. In addition to the almost 12% decline, the percentage of young people decreased, and the percentage of elderly (over 62) increased.

Alcohol consumption is below the state average. Also, alcohol program admission rates are below the state average.

According to the Crime Index Report statistics, Powder River is the second safest county over-all in the area. Crime figures are generally lower than the average for counties with less than 10,000 in population.

Powder River has the second highest Domestic Violence report rate in the seven counties. On the other hand, domestic relations cases in District Court and marital termination rates are lower than state averages and lower than the average for counties with 10,000 or less in population.

In emergency medical services, Powder River ranks second in the number of trips per 1000 population, and it has the highest rate of "emergency" trips among the seven counties.

Powder River ranks 24th in the combined health status indicator ranking compiled by the State Health Department. This puts them in the top half of the state's counties. Powder River has one physician. The closest hospital is in Miles City, 74 miles away. The nursing home in Broadus has the lowest percent occupancy rate of any nursing home in the region at 62.4%. This compares to a regional average occupancy of 83.6% and a state average of 89.9%.

In Public Health Services, Maternal and Child Health needs are relatively high. There is a need for more family planning services. There are no day care facilities in the county.

Powder River ranks third in the study area in per capita allocation for Senior Citizens programs at \$89.06/person. The nursing home bed to population ratio is low, but as noted earlier, utilization is also low.



## CUSTER COUNTY

### GENERAL DESCRIPTION

Custer County has experienced some growth due to coal and oil development in Eastern Montana. The population of the county increased slightly in the last decade from 12,174 in 1970 to 13,109 in 1980, an increase of 7.7%. Miles City, the county seat and the commercial, health and social service center of the region, has been impacted by development. Its' population increased from 9,023 in 1970 to 10,000 in 1980, and to 11,846 in 1982, an increase of 31.3%. Resource development workers in surrounding counties place demands on services available in Miles City. Some workers locate their families in Miles City and commute to neighboring developments (e.g., 80 Colstrip workers and their families live in Miles City). Many other resource development workers who live nearer the development sites use services available in Miles City for emergencies, after work hours and on weekends. The cost of living has increased in Miles City, and low and medium cost housing is hard to find.

Community leaders, including the County Commissioners, the Mayor and the City Council, are concerned with impacts of projected coal development. (These include several coal mines in Custer, synfuel plants in McCone and Wibaux, and the coal mines and the Tongue River Railroad Project in Rosebud.) There have been community meetings anticipating development. Social service providers organized a meeting a year ago to address health and human service needs in Miles City. However, since no actual coal development occurred, community interest in planning has declined. While some community members still believe that large scale development is imminent, others take an "I'll believe it when I see it" attitude. The County Planner, who anticipates major growth from the Tongue River Railroad and MONTCO coal mines, envisions Miles City as the regional, more permanent, centralized labor pool working on various development projects as they come on line. The Miles City business community is actively supporting coal development in the county.

Miles City Community College serves Custer and the surrounding counties. The College attempts to train local people in development-related skills so that the jobs created by development of Montana resources can go to Montanans. Currently Montana Power and other companies hire a large number of employees from outside Montana. Community members feel strongly that coal companies need to make a commitment to hiring Montanans and to communicating their skill needs to Miles Community College so programs to meet these skill needs can be developed.

Community members also discussed their interest in cultural programs. The recently formed Cultural Alliance for Eastern Montana is seeking funds from the percentage of coal severance tax money allocated for parks and recreation and cultural programs. The Alliance developed a cultural needs assessment that is now in process to determine Eastern Montana counties' cultural needs and program costs for the next ten years.



Currently there are three populations using Miles City services as a result of coal development:

1. Production and construction workers for the mines; some live in Miles City while many others come to Miles City to use services
2. New low income transient population, mostly families with small children, who end up in Miles City after unsuccessfully looking for work in coal development areas
3. "Displaced homemaker" families; families headed by unemployed women who have left husbands employed at coal development sites and are therefore forced to move out of the area (e.g., Colstrip housing is only available to workers), or who have been left by husbands unable to find work in coal development areas

These populations put a strain on existing governmental, health and commercial services. Currently there has been an increase in the transient population seeking county health and social services. However, these services have been subject to funding cuts and are attempting to stabilize their programs by offering primarily basic direct services.

There has also been an increase in Indians, leaving reservations and coming to Miles City in search of work, or due to dissatisfaction with reservation life. This population is also in need of health and human services. There is a serious question as to jurisdiction for services to Native Americans. The Indian Development and Education Alliance (IDEA) is actively assisting Indians in their attempts to adapt to life off of the reservation, educate themselves, learn marketable skills, etc. Currently there is an Indian Registered Nurse program in existence.

#### HEALTH AND HUMAN SERVICE NEEDS

These needs reflect the impact of coal development and the fact that Miles City is a service center for surrounding counties.

1. Drug and alcohol treatment and education - Community members felt that youth programs are particularly needed. The alcohol treatment center at the hospital recently closed due to cuts in federal funding. There is no treatment program now available in the area. Preventive drug and alcohol education programs in the schools and the community are necessary.
2. Adequate housing for low and fixed income people - There is little housing available and the cost of housing is such that people on low and fixed incomes have problems meeting basic needs.
3. Senior citizen services - 12% of the Miles City population is comprised of senior citizens, many of whom are on fixed incomes. Some senior citizens need an intermediate housing facility, between a nursing home and staying in their own homes, where they could be assured of one good meal a day and a live-in nurse to supervise medications. Some could continue to live in their own homes if home maintenance assistance was provided.



4. Community health services - There is no emergency care for people on limited incomes, nor programs to provide food for families with no money. The Public Health Nurse is attempting to provide these services but needs financial and organizational support.
5. Medical services - Community members mentioned a shortage of Ob-Gyn and pediatric services.
6. Crisis services - There is no spouse abuse program in Miles City. Community members voiced a need for one to be developed, and for continuation of the Displaced Homemaker Program, which helps unemployed women heads of household to gain marketable skills.
7. Community integration - Several community members mentioned the need for community events, programs, and a community directory, in order to integrate newcomers in a positive way into the community.
8. Preventive community mental health and educational programs - Programs are needed including arts and music, and adult recreation. Respondents also mentioned a need for good cultural facilities to help people express themselves creatively.

#### PRIORITIES

Alcohol and drug education and treatment

Senior citizen services

Funding for spouse abuse and displaced homemaker programs

Community integration

Adequate housing

#### FUTURE DEVELOPMENT

Large scale coal development within Custer County is unlikely in the immediate future, although several small mines are being developed. Coal development impact is likely to come from projects that are located in adjacent counties, such as the proposed mines and Tongue River Railroad in Rosebud County. This type of developmental pattern would create health and human service impacts in Custer County but not increase county revenues. Some county residents expect significant impact on Miles City services as these projects come on line. Miles City would be the junction point for the Tongue River and Burlington Northern Railroads. A large number of railroad, construction and mine workers will be needed for these developments, and depending on the housing available in Rosebud and Powder River Counties, a significant number may locate their families in Miles City. Because it is the nearest service center, Miles City would also be impacted by workers who do not choose to live there but use services for emergencies and after work hours.



Currently there is some frustration with the uncertainty of the development process and some community residents are less willing to invest more time in a community planning process. Residents emphasized the need for accurate information from the coal companies and cooperation between companies, communities and the Coal Board.



## CUSTER COUNTY STATISTICAL SUMMARY

Custer county has the largest population of any of the seven impact counties. It is more urbanized, as well as serving as a trade center for surrounding counties and being a regional or area center for many government services.

There are more health care services available than in other impact counties. Custer has the best physician to population ratio. The Eastern Montana Mental Health Center, with its transitional living facility and day treatment programs, is located in Miles City. The District #3 Alcohol and Drug Program is also located there. Holy Rosary hospital serves as a referral hospital for many of the county hospitals in the area. There are two nursing homes with a 120 bed total capacity.

Utilization of services is relatively high, although to a degree this may simply reflect the availability of services. For example, the Warm Springs Admission Rate is the highest of the seven counties, and the Alcohol Program Admissions are higher than any of the counties not directly impacted by coal development. Custer has the best statistics in areas traditionally used to measure the adequacy of primary health care services such as low infant mortality, low birth weights, and women receiving adequate prenatal care.

Over-all crime rates and District Court caseloads are higher than any other county. Per capita alcohol consumption is high. Unemployment is higher than any of the impact counties that does not have an Indian Reservation, but the percentage of the population below the poverty level is the lowest in the seven counties. Custer has the highest motor vehicle accident (fatality and injury) rate of the seven counties.

The combined death rates from heart attacks and strokes is the highest in the seven counties which may reflect a more urban lifestyle with less work related physical activity and higher levels of stress.

There are adequate day care and foster care facilities available.



## WIBAUX COUNTY

### GENERAL DESCRIPTION

Wibaux County has not experienced any significant growth due to projected coal projects. The population of the county has increased slightly in the last decade, as has the town of Wibaux (county: 1465 - 1476, an increase of 0.8%; town: 644 - 782, an increase of 21.4%).

The projected development is for a coal gasification plant by Tenneco. The uncertainties of synfuels makes this project currently improbable and dependent upon the global energy situation.

Recently Wibaux was impacted by oil development in the region. This increased the population of the town, increased accident and traffic problems, created a housing shortage and artificially high rents, and increased the problems of school children with high turnover rates, alcohol and drug use, teenage pregnancies, and misunderstandings between old and new community members based on value differences. Although some community members recognize that there will be a difference in the impact from coal development, e.g., different developmental time line and long term nature of worker population, the expectation is that the experience will be similar, especially as it relates to the conflict of values between newcomers and long time residents.

### HEALTH AND HUMAN SERVICE NEEDS

While these needs reflect the general rural nature of the county and the impact of oil development rather than coal development, they will significantly affect impacts of any future coal development in the area.

1. Recreation - Most often mentioned as a need, particularly for high school age students; specific suggestions include a "center" for minors, swimming and better television.
2. Crime control programs - The town has recently established a dispatch system, but funding is needed to improve the law enforcement services.
3. Alcohol and drug counseling - Presently this service is provided by an outreach worker from Glendive, but many residents feel that more frequent visits and accessibility is required.
4. Medical services - Presently residents travel to Beach, North Dakota and Glendive for medical services and pharmacy needs. Interest was expressed in being able to provide this service in town.
5. Expanded school facilities and programs - Specifically for elementary age students, if development continues.



6. Increase all service levels - Many view development as a way to increase the services available within the community--their own social service providers, medical providers, and services such as mechanics, electricians, stores, etc.

#### PRIORITIES

Same as needs.

#### FUTURE DEVELOPMENT

There is a standing joke in Wibaux that development is five years from wherever you are now. It will be believed when it is seen. It is estimated that the community will need three years to get ready to meet the demands of a significantly increased population. Concern has been expressed over where workers will live; there is the distinct possibility that when they come they will live, and pay taxes, in North Dakota or in Glendive.

Community members interviewed most often expressed a desire for more information from the company regarding if, when, and projections of development. Residents believe that initial money from the company is required in order for the community to be adequately prepared for the development. A job training program would be desirable so that local residents can assume some of the newly created jobs. There is little or no knowledge of the Coal Board and the types of projects it sponsors.



## WIBAUX COUNTY STATISTICAL SUMMARY

The population has remained virtually the same over the last 10 years, but the percentage of young people is decreasing.

The per capita alcohol consumption figures are distorted because they reflect oil workers coming over from the Williston Basin, and people coming down from the Glendive area to drink in Wibaux. Wibaux had the highest per capita consumption rate of any of the seven counties in 1981. Only seven of the 37 DUI's served by local law enforcement officers were for Montana residents. According to alcohol program personnel and local law enforcement officers, the DUI citation rate would triple if a State Highway Patrolman were assigned to Wibaux.

The district court caseload for "Total Cases" is higher than the state average or the average for counties with less than 10,000 population. The trend over the past four years has been toward increased district court activity.

Wibaux ranked sixth among the seven counties in Domestic Violence reports. The marital termination rate is very low compared to the state average.

Wibaux has the lowest Mental Health Admission Rate in the seven counties. The mental health counselor is only available one day per week in Wibaux and this may influence mental health service utilization.

There are no certified EMT'S in the county. Wibaux has the worst over-all ranking in motor vehicle accidents among the seven counties.

There is no physician located in Wibaux county, but there are two doctors 11 miles away at a hospital in Beach, N.D. There is no dentist in the county. The nursing home occupancy rate is about average for the state.

Wibaux has the highest percentage population income eligible for the WIC program of any of the impact counties. The below 19 birth rate is also highest.

Wibaux has the highest percentage elderly population, and makes the second highest per capita allocation for senior citizen's services. The nursing home bed to population ratio is better than the recommended standards.

There are limited child care services.

More indoor recreation facilities are needed.



## MCCONE COUNTY

### GENERAL DESCRIPTION

McCone County has not experienced any significant growth due to projected coal projects. The population of McCone County has decreased slightly during the last decade, from 2,875 to 2,702, a 6.0% decrease.

The projected development in McCone County includes a synfuels plant by Basin Electric Coop and a Northern Resources mine. The impact on the community to date has been the discussion over projected development. This has taken the form of community meetings, public hearings, and preparation of a planning document. Concern about the changes development will bring to the primarily agricultural community has dominated the discussions and contributed to a growing polarization between those who seek and those who oppose the projected energy resource developments.

### HEALTH AND HUMAN SERVICE NEEDS

While these needs reflect the general rural nature of the county rather than the impact of coal development, these problems will be exacerbated by a large increase in population and will significantly affect impacts of any future coal development in the area.

1. Consolidation of the hospital and nursing home - Many people stressed the need to have these services in McCone County. However, residents believe that they can be consolidated and so avoid duplication of services. By being more cost-effective they can be retained.
2. Recreation - A new swimming pool is being planned for Circle, but more indoor recreation facilities are needed. Suggestions most often mentioned include a movie theater, a gym, billiards or pool center for minors, and a dining and dancing spot.
3. Additional commercial services - Residents now have to travel sixty miles or more, for shopping, a barber, etc. The most often cited demand was for a grocery store to compete with the existing facility.
4. Increased social services - Providers will need to increase their case loads if there is a large increase in the population. Presently the welfare worker, mental health counselor, and alcohol and drug counselor visit the community once a week. Many residents however, travel to Glendive or Miles City for these services and others, such as family planning, because of their desire for anonymity.
5. Expanded health care services - These specifically need to include the addition of a second doctor and a physical therapist.
6. Expanded law enforcement and jail service



## PRIORITIES

All of the above.

## FUTURE DEVELOPMENT

There is a great deal of concern expressed over if and when development will occur. This uncertainty has affected the way people view the development because they want more assurances from the company that the development will progress along specific time lines, and to see visible proof of the company's commitment to the development project. The county is presently at its taxing limit and would like the developing company to pay the initial costs for improvements for schools, housing, water, roads, jail, etc. Community members would like training programs for local residents to be considered and for the company to include the option of part time work for seasonal agricultural workers. All further planning is stalled until there is some action taken by the companies.



## MC CONE COUNTY STATISTICAL SUMMARY

The county population is declining. The general fertility rate is the lowest in the seven counties, and the women 15-45 age group is also declining. There is almost no minority population.

Alcohol per capita consumption is consistently low. McCone has the third lowest alcohol program admission rate among the seven counties.

McCone has the lowest over-all crime rate and the lowest over-all District Court Caseload of the seven impact counties. Unemployment is lower than any other designated county.

There were no Domestic Violence reports and McCone had the lowest "Domestic Relations" district court caseload in the study area. The marital termination rate is also lower than the state average.

There were no Warm Springs hospital admissions in 1981, and McCone ranked 5th among the seven impact counties in Mental Health Admissions.

McCone's EMS system appears to be better equipped than the other six counties. McCone had the lowest ambulance service call rate/population and the lowest percentage of emergency calls. There is a certified EMT instructor in Circle and the county has the highest EMT/population ratio of any of the study counties. In addition, there are Quick Response Units in three of the less populated areas of the county.

There is a physician in McCone and a full-time dentist. The registered nurse to population ratio is 1/120. The nursing home facility has the lowest occupancy rate of any available in the seven counties. There is also a 20 bed hospital in Circle.

McCone has good Maternal and Child health statistics relative to the other six counties and the state. There is a small low income population.

There is no senior citizen center, and the county has the second lowest Senior Citizen per capita allocation among the seven counties. The nursing home bed/population rate is also low. Combining all indicators, the need appears to be low for additional senior citizens' services.



## DAWSON COUNTY

### GENERAL DESCRIPTION

Dawson County was not listed as a targeted county, but it is located between McCone and Wibaux counties and is the regional service center, so it will be impacted by whatever development occurs in either county. In addition, it has received some impact from the projected development in McCone and Wibaux, and the existing development in Colstrip. Glendive is the headquarters of Burlington Northern and therefore has been impacted by the crews that move the Colstrip coal and current leasing activity. Leasing companies and agents have been a stimulant to the local economy. Dawson Community College has introduced curriculum specifically related to energy development.

Dawson County, and Glendive in particular, have recently been impacted by oil development. This has included increased crime rates, added work and stress for social service providers, and confrontations with value and life style differences between "permanent" residents and "transient" workers.

### HEALTH AND HUMAN SERVICE NEEDS

While these needs reflect the general rural nature of the county and the impact of oil development rather than coal development, they will significantly affect impacts of any future coal development in the area.

1. Safe cell at the hospital - Presently facilities are insufficient to care for mentally unstable patients at the local medical facility and/or jail.
2. Training for social service providers and school programs - Specifically in the areas of sexual abuse, rape, family violence, and alcohol and drug abuse.
3. Additional service providers - A need for a psychologist and child specialist presently exists and will be increased by any development. Present providers are under stress to adequately cover the large regions of jurisdiction and to transport clients when necessary to Western Montana facilities.
4. Halfway houses for juveniles, alcohol and drug clients, and offenders
5. Improved library facilities
6. Increased citizen involvement in community problems - Community members could operate a crisis line and provide transient food and housing.

### PRIORITIES

All of the above.



## FUTURE DEVELOPMENT

Many residents expressed a need to have more specific information from the companies planning development. There may be some community resistance to zoning and other regulations governing growth patterns, but it is seen by many to be a necessary part of orderly development. Planning may be done to facilitate the integration of newcomers through recreation, school, and church programs. An open dialogue with the developers is seen as a priority, and a further definition of the responsibility of paying for development. Residents state a desire for planning that includes the many perspectives and crosses the boundaries of town, county, and state in order to accurately reflect the patterns of development. Several people suggest use of coal tax funds to help the community/region plan and to train workers if the company pulls out of the community.



## **Section 2: Future Health and Human Service Needs**





## INTRODUCTION TO FUTURE HEALTH AND HUMAN SERVICE NEEDS

The health and human service needs for a population are dynamic and continually change. These needs are dependent on the demographic characteristics of the population and the skills of local service providers. The future health and human service needs in the designated seven counties hinge on the level of coal development activity. It is virtually impossible to accurately predict what course this development will follow, except to say that industry representatives are generally optimistic that coal demand will increase significantly in the mid to late 1980's.

To illustrate the complexity of predicting future development activity some of the factors determining future demand for Montana coal are listed below:

- Surplus OPEC oil - Analysts expect the current glut to dissipate by 1985, but no one anticipated the current surplus condition.
- The Clean Air Act - To be re-evaluated by Congress after the November elections, provisions in this act affect the type of coal used by generating plants by limiting sulfur emissions.
- The U.S. economy - Economic activity is a key determinant in the total amount of energy used in this country. The greater the energy requirements, the greater the demand for coal.
- Foreign Market demand - At this time, Montana's coal is not competitive on world markets due to the costs of shipping it to an ocean port. If port facilities were developed in the state of Washington, and a coal slurry pipeline, or similarly inexpensive transport system were available, this demand would increase.
- Synfuel technology - If this technology continues to improve, it would make Montana's coal reserves much more attractive to energy companies.

As a final comment on the predictability of development activity, one industry executive noted that in 1975 no one was predicting a coal boom for Wyoming.

This section outlines the development planning of companies interested in coal reserves in the seven designated counties. In addition, each company's position on corporate responsibility in mitigating health and human service impacts is described. Finally, several analytical decision making tools for reviewing health and human service proposals are presented. These models are appropriate for considering proposals on current needs as well as future needs when the next boom occurs.



ENERGY COMPANY DEVELOPMENT PLANS (the companies are listed in alphabetical order)

Basin Electric Cooperative

Basin Electric's project plans for two 500 MW coal fired generating plants in McCone County have been delayed indefinitely. Basin now has a surplus of electric power for its customers.

The cooperative has been involved in several major energy projects in Wyoming and North Dakota. Impact mitigation efforts sponsored by the coop on these projects include financial and technical assistance to the impact community in pre-development planning programs; participation on state and local impact planning committees; contributions (including grants and secured loans) for the construction, renovation and maintenance of necessary health and recreation facilities, and road improvements; and housing projects.

Consolidated Coal

Consolidated Coal Company's CX Ranch is not a viable project at this time. They do not expect any major development until about 1990, principally because of the soft market for coal.

Consolidated plans to acquire additional acreage in federal leases in 1983-84 (probably in conjunction with Chevron). Once a resource package is secured, a market for the coal must be established. There is often a one-three year lead time between signing a coal contract and the delivery of the coal.

Crow Indian Tribe

The Crow Indian Tribe, in conjunction with several energy development firms (Pacific Coal Gasification, Shell Oil and Westmoreland Resources) has conducted feasibility studies for both a coal fired generation facility and a synfuels plant. The studies were performed by the Council of Energy Resource Tribes (CERT) under grants from the Department of Energy. Various options were considered in these studies such as alternative plant sizes, plant locations depending on the major coal supplier, and different ownership agreements.

The first step required before any serious development activity can take place is for the Crow Tribe to establish a legal managing entity for coal development. This must be done to provide some guarantee against default on contracts to end product buyers and to the other equity partners. The second step would be finding a market for the electricity or the synfuels plant synthetic natural gas.

In view of these essential prerequisites to development, no major projects appear likely before the latter part of this decade.



### Meridian Land and Mineral Company

Meridian, a subsidiary of Burlington Northern, in conjunction with Northern Resources, Inc. has looked at McCone County as a coal resource development site. Plans considered have included a strip mine and a synfuels plant to produce methanol gas for railroad cars.

Before any serious planning can take place, however, a land exchange with the federal government must be completed. This is currently under negotiation. If the exchange is completed, Meridian will have a viable resource package.

In any event, development is unlikely before 1990.

### Montco

Montco has made initial contacts with community leaders. The company feels that more contact, discussion or planning with communities would be premature until a permit is granted.

Montco filed a surface coal mining permit application with the Department of State Lands on November 14, 1980. The Department subsequently published the Montco Draft Environmental Impact Statement on May 5, 1982. The permit application is still undergoing review by the Department. The mine's development schedule hinges upon several items; the release of the final EIS and the subsequent granting or denying of a permit, the delivery date on a coal sales contract, the railroad's construction schedule and Montco's construction schedule.

During the two year construction and mine development period, approximately 490 people would be employed. Once in operation, a work force of 130 people would increase as production increases to an estimated maximum of 560 employees in the fifteenth year of the life of the mine.

### Tenneco Coal Gasification Company

Tenneco Coal Company is building the Great Plains Coal Gasification Plant in Buelah, North Dakota, scheduled for completion in December 1984. The company will not make a decision on building another plant until after one year's operation of the Great Plains plant. The earliest, therefore, that construction could start on such a plant would be the spring of 1987, with operation starting late in 1990.

At the peak of construction (1988-89) approximately 13,000 people could be employed in a 100 mile corridor between Glendive and Dickinson, North Dakota. During operation, 1050 people would be employed at the plant and 300 at the mine.

Tenneco has had an office in Glendive for the past two years and has attempted to keep state and local government officials, as well as interested citizens, informed of the status of the project. The company would expect to have technical consultants on staff who could assist community planners in developing mitigation plans. The level of such assistance would be negotiated at the time. Tenneco sees the developing company's impact mitigation



responsibility within a context of balancing front end costs and subsequent property taxes.

#### Utah International

UI is considering a large scale project, possibly a coal gasification plant or a power plant complex. They do not have a coal resource at this time, although they are targeting some federal leases that should be offered through the BLM in 1984-85. The company has filed for water rights and sustained these rights through the courts. In summary, there are no definite plans for development at this time.

Utah International, a subsidiary of General Electric, is the largest developer of metallurgical grade coal in the world. They also have interests around the world in uranium and copper. Utah International operates a coal mine in Craig, Colorado.

The company sees its primary obligation as making sure the basic needs of its employees are met. In some cases, this has meant building a complete community, while in other instances it has meant working with the community to insure that enough water is available.

#### Washington Energy Company

Washington Energy has an interest in several projects or potential development sites in eastern Montana, including McCone County, the Montco project in the Ashland-Birney area, and the Cook Mountain site in Rosebud County. Of these, the Montco project is the only one with any imminent development potential (i.e., before 1990).

The company feels that the coal severance tax should be the principal mechanism for mitigating development impacts. They believe the developing company should, however, cooperate closely with state and local officials to minimize impacts.

#### WESCO Resources, Inc.

WESCO's planning for development in McCone County is on hold, pending an upturn in the coal market. According to the company, McCone County is an attractive development site for a synfuels plant because of the coal reserves and the local availability of an industrial quality water supply.

WESCO does not believe that impact mitigation is the sole responsibility of the company. It feels the company should work hand in hand with the community, however, in planning for the necessary changes. If other resources, such as severance tax funds, are insufficient to cover front end expenses, perhaps the company should consider some type of financial contribution.



Western Energy Company

Western Energy, a subsidiary of Montana Power, is not considering any further expansion or development in the seven county area until the 1990's.

Westmoreland Resources

Westmoreland operates the Sarpy Creek Mine 70 miles from Hardin. They have been producing 5 million tons per year since 1974, and do not see any market for expansion at this time. They feel the market may develop in the late 1980's.

Westmoreland believes the Coal Severance Tax should be the primary impact mitigation resource.



## INTRODUCTION TO DECISION MAKING MODELS

Each model functions differently, and one may be more appropriate to a particular type of proposal than another. Each demands a different degree of precision in background information.

Key Questions in Reviewing Health and Human Service Proposals contains a list of questions for evaluating any health and human service proposal.

Four Variables That Help Predict How a Community Will Adjust to Coal Development and Resulting Impacts on Health and Human Services can help determine the degree of impact on a community resulting from a specific development project.

CROSSPACT is designed to help the policy maker assess the impact of a particular program across the entire community.

Finally, the Impact Timeline provides examples of projects appropriate for funding at different periods during the development process.

It is important to note that these tools do not make decisions. No model can do that. They can, however, help the policy maker focus on the critical variables which will determine the success of a specific program.



## KEY QUESTIONS IN REVIEWING HEALTH AND HUMAN SERVICE PROPOSALS

1. IS THE PROPOSAL TO PLAN A PROGRAM, TO IMPLEMENT A PROGRAM, OR TO MAINTAIN A PROGRAM?
2. IS THERE A SOLID BASIS FOR THE PROPOSED PROGRAM?
  - (a) Has the applicant completed a detailed assessment of the problem including the development of statistical and subjective background information?
  - (b) Has the proposed program been established as a priority by the community?
  - (c) Who established it as a priority and what was involved in the decision making process?
  - (d) Is the problem addressed in the proposal related to coal impact? Has the relationship been described in the proposal?
  - (e) Is the problem addressed in the proposal identified as a need in the Coal Board's health and human service needs study?
3. WHAT DOES THE APPLICANT PROPOSE TO ACCOMPLISH THROUGH THE PROGRAM?
  - (a) Does the applicant clearly state the objectives of the proposed program?
  - (b) What are the specific results the program proposes to achieve?
  - (c) What population is the program designed to serve?
4. IS THE PROPOSED PROGRAM THE MOST APPROPRIATE OPTION FOR DEALING WITH THE STATED PROBLEM?
  - (a) Has the applicant assessed all available program options with the one proposed having been selected as the most appropriate?
  - (b) Has the applicant stated clear rationale for selecting the proposed program to address the problem?
  - (c) Is the program proposed capable of achieving the desired results?
  - (d) Are there qualified staff available to successfully implement the proposed program?
5. IS THE BUDGET AND FINANCIAL PLAN PRESENTED IN THE PROPOSAL REALISTIC, NECESSARY AND SOUND?
  - (a) Is the proposed program an efficient as well as effective use of resources?
  - (b) What is the specific financial commitment of the local community to the proposed program?
  - (c) Does the proposal plan for appropriate levels of fee for service income?
  - (d) Are specific plans for future funding of the program included in the proposal? Will ongoing funding from the Coal Board be requested?
  - (e) What is the financial solvency of the program expected to be?
  - (f) Is alternative funding available for the proposed program?
  - (g) Does the proposal consider utilizing voluntary and other non-agency resources?



6. IS THE PROPOSED PROGRAM COORDINATED WITH AND INTEGRATED INTO THE COMMUNITY'S EXISTING HEALTH AND HUMAN SERVICE DELIVERY SYSTEM?
  - (a) Did individuals and groups within that system assist in developing the proposal? Are those individuals and groups firmly committed to working closely with the program?
  - (b) Does the community have the necessary support services that the proposed program will require in order to achieve the desired results?
7. DOES THE PROPOSAL STATE A REALISTIC EVALUATION PLAN?
8. WHAT WILL BE THE CAPABILITY OF THE PROPOSED PROGRAM IN RESPONDING TO SIGNIFICANT FUTURE INCREASES OR DECREASES IN SERVICE DEMAND?



## **FOUR VARIABLES\* THAT HELP DETERMINE THE LEVEL OF COMMUNITY HEALTH AND HUMAN SERVICE NEEDS RESULTING FROM COAL DEVELOPMENT**

These variables derived from experience of Montana communities and checked against experience in other coal development areas can be used to evaluate the types and levels of health and human service needs likely to be created in particular communities by current and future coal development projects. They should be consulted when evaluating proposals submitted for funding of health and human service projects.

### **1. Size and type of population growth -**

Slow, steady growth (5% per year) can often be absorbed without serious strain and dislocation of services. When annual growth reaches somewhere between 5 and 10% it is considered "rapid" or "boom" growth and agencies often cannot meet the increased level of demand for existing services or respond to changing needs of newcomer and old timer populations.

The bust end of the coal development cycle creates new needs and can place strain on health and human services even as the population declines.

The make up of the incoming population-age, sex, family and economic status, skill level, urban versus rural background-has major consequences for impact on health and human services. There are important differences between service needs and expectations of crews of young, single workers, transient low income families with young children, and highly skilled workers with established families.

### **2. Geographical location of coal development in relationship to community -**

Any plant and/or mine creates impacts on a number of communities, often crossing county and state lines in its general vicinity. Depending on the proximity of the community and the availability and expense of housing and services, workers and their families may locate there, and/or shop there, and/or seek social service assistance. The transient population looking for jobs indirectly caused by development will also congregate in communities near development projects and will seek social service assistance. If the development is located within the community, impact of all services is likely to be more concentrated and the community dominated by the needs and the working schedule of the development project (e.g., Colstrip). If development occurs at a distance from the community, impacts may be lessened, as population demands are met by services in other communities.

### **3. Flexibility and capability of community institutions and services to respond to changes brought by coal development -**

Communities with a variety of existing institutions (schools, government agencies, churches, citizens' groups) and services, with effective communication and coordination of activities, with linkages to other communities and regional organizations, and with active, able public leadership are able to plan ahead, respond to changes in need and expectation of human services, and reduce the impacts of coal development



on the community at large and on health and human services.

Communities with few existing services and institutions, little coordination and cooperation between agencies and institutions, isolated from other communities and regional organizations, and with less competent or disinterested public leadership are not able to effectively plan for and reduce impacts on health and human services.

Communities with past experience of rapid growth have often learned enough to be better able to mitigate impacts in later developmental periods.

4. Flexibility of community in adapting to stresses of changing expectations and way of life -

Coal development creates conflict situations within communities: conflicts between residents who support development and those who oppose it, conflicts between values and lifestyles of long-time residents and newcomers. Pre-existing community fragmentation and antagonisms often are accentuated by coal development conflicts.

Communities with a history of polarization between residents, with special interest groups that are not integrated into the community as a whole, or with a large transient population, are less able to plan for and adapt to change. Residents in these communities often do not feel a community identity or rootedness and do not become involved in efforts at community planning and decision-making. On a community level the stresses and conflicts that come with coal development are hard to resolve if residents feel polarized or isolated and not involved. For the individual resident, both newcomer and old timer, the stresses are often difficult to adapt to and can lead to behavior that places higher demand on mental health, law enforcement and other human services.

Communities with a high level of integration and stability, with a history of community problem solving, are better able to minimize the stresses that come with community change and to involve residents in a planning and decision-making process that gives them some feeling of control over changes that are occurring. Residents, therefore, are less likely to engage in behavior that places demands on mental health, law enforcement and other human services.

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\*These variables are not presented as a detailed mathematical method for predicting impact but as a generalized tool to use to understand the likely impacts on health and human services of particular coal development projects.



## CROSSPACT

Public policy making occurs in a complex environment resulting from the interaction of social, economic, technological, political and psychological forces. Policy makers are expected to consider all these dimensions, often without accurate data, and reach decisions that achieve the desired effect while minimizing harmful side effects. CROSSPACT is a decision making tool designed to help policy makers anticipate, consider and deal with policies and service programs and their consequences.

The model suggests that in any decision a manageable number of factors can be isolated that will indicate the major consequences of the decision(s). After identifying the relevant factors, the decision maker can look at the combined effects of these factors. With CROSSPACT the decision maker has an overview of the problem from which to formulate a specific policy, or evaluate a specific program.

As mentioned earlier, four variables have been identified which are of primary importance in determining impact from energy development:

- 1) Size and type of population growth;
- 2) Geographical location of coal development in relationship to community;
- 3) Flexibility of the local governmental and service delivery institutions in responding to impact; and,
- 4) Flexibility of the community in adapting to the stresses of its changing expectations and way of life.

These four factors should be quantified as much as possible for any CROSSPACT analysis, for example, determining the exact number of employees to be hired by a construction or mining operation, as well as the projected demographics of the employee group and their families.

The following grid provides an example of how CROSSPACT can be used in reviewing a proposal. It is not designed to include all the variables that would have to be considered for a specific proposal, but rather it is intended as an illustration of how CROSSPACT may be of value in developing policy or in making decisions.



Typical CROSSPACT Proposal Analysis

VARIABLE	EFFECT ON EXISTING SERVICES	INTENSITY OF EFFECT	PROPOSED SOLUTION/S
1. Size and type of population growth	Quantify demographics of population change and determine if impact is in negative direction (a strain on existing service providers) or a positive direction (complementary to existing services).	High, Medium, or Low	How does the proposed program address the problem?
2. Geographical location of the development in relationship to community.	Which community services will development workers use? Where else can/will they go for basic health and human services?	H, M, L	Have linkages been developed with area or regional providers? Short term (construction) vs. long term (operations) solutions
3. Flexibility of local institutions and service providers in responding to changes brought about by coal development.	Capability of providers to expand services without supplemental assistance? Use of formal and informal providers	H, M, L	Coordination among area, regional and local providers described and documented?
4. Flexibility of community in adapting to the stresses of changing expectations and ways of life	Previous experience of community with development. Representation of all community elements in planning the proposed program.	H, M, L	Reference to past experience, or the experience of other communities, with development. Inclusion of company, state and local government, and community groups in the planning process.
TOTAL EFFECT ON COMMUNITY OR COMMUNITIES			COMBINED INTENSITY
SUMMARY OF FOUR VARIABLES			APPROPRIATENESS OF PROPOSAL IN ADDRESSING THE IMPACT



## IMPACT TIMELINE WITH EXAMPLES OF PROPOSALS WHICH MIGHT BE FUNDED

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I           II           III           IV           V           VI           VII

### I. Community is targeted for coal development

- develop community planning process (This applies for all the subsequent stages)
- provide training for political officials and service providers in responding to impact
- begin organizational development of service delivery organizations

### II. Permitting process begins

- conduct feasibility studies for meeting anticipated needs which have been determined by community planning process
- implement increased training including training for local people to fill new jobs
- develop plans for regional service delivery systems where appropriate
- develop partnership planning process

### III. Permit is approved and contract for coal signed (assumes 8-12 months before construction begins)

- conduct preparation work for capital projects
- construct capital projects
- develop drug and alcohol prevention program for school curriculum
- strengthen SRS, public health, mental health programs
- develop recreation facilities
- develop primary and referral medical care

### IV. Construction begins

- increase law enforcement capabilities
- increase counseling and family violence programs
- expand family planning and well child clinic services
- develop community integration programs
- develop outreach and referral services
- strengthen emergency services



V. Mine operations begin

- provide ongoing support for services that require subsidy
- assist with developing employee assistance programs
- plan for diversification of local economy
- provide services for senior citizens

VI. Mine operations curtailed and layoffs occur

- provide job counseling and retraining
- strengthen community planning process
- strengthen mental health and SRS services

VII. Mine operations end

- set up job clearinghouse
- assess future development
- start planning process over again



## **Section 3: Data Methodology**





## DATA METHODOLOGY

The methodology used in this project directly reflects the contractor's experience with health and human service delivery in rural areas. Specifically, the methodology emphasizes the input of community residents and local service providers in the defining of needs. We have found that statistics are most appropriately used as background information to provide an overview of the area being studied. Statistics can also be important in the design of specific service programs, however, the consideration of specific program development was beyond the scope of this study.

The specific steps taken by the contractor to gather data on the health and human service needs in the seven designated counties is outlined in detail below. In addition, the statistical data sources are critiqued and their limitations explained.

## DATA COLLECTION PROCEDURES

1. Project planning - The planning phase of the project included a review of the literature on coal development in Montana, and selected energy development sites in other states. The project was divided into sections according to the specifications of the contract with staff members assigned responsibility for each section. Timelines were established for each section.
2. Pre-data collection activities - Staff members contacted individuals who had worked or were working with energy impacted communities to develop an overview of health and human service problems and successful mitigation techniques. (A complete list of persons contacted by this study is included in the Appendices.)
3. Statistical data collection - In late May, personal letters were sent to department heads in State Government advising them of the project and requesting assistance in gathering relevant information. A follow-up telephone call was made within ten days to determine the appropriate contact persons in each agency or organization. These persons were contacted and data sources identified. In addition, these contact persons were asked to specify other individuals at the federal, state or local level who might have information or data sources pertinent to this study. These new contacts were made, information requested, and again, the new contacts were asked to identify other persons who should be contacted. This process was continued until all referral contacts had been made. Persons contacted included service providers, government agency personnel, elected government officials, private industry representatives, and private citizens.

The second phase of the data collection process involved reviewing the data sources collected. Telephone contact was made with selected study authors and state data system personnel to ask specific questions about data interpretation, reliability and validity. Telephone contact was made with community residents and local government personnel to verify the interpretations received from state personnel, and to obtain a local



perspective on the importance of the data.

Cataloging and critiquing the data and data sources was the final stage in the data collection. Decisions were made to use only select primary data sources on the basis of validity, reliability, and appropriateness. (A complete bibliography of primary and secondary data sources is listed in the Appendices.)

NOTE: There is a great deal of health and human service data in existence. State and local people were extremely cooperative in making it available. In many cases, the information desired was not available, but had to actually be compiled.

4. Site visits - Five HDA staff members participated in the community visits. In advance of the community visit the staff member prepared by reviewing the county profile information sheet, developed as a part of the statistical data collection activity, and selected literature on boom towns. A semi-structured set of questions was developed for use in each county.

A series of individual and group meetings were scheduled in each of the seven designated counties. The names of people to contact were secured by starting with the known service providers and officials, and then asking each of those individuals who else we should talk with. We specifically sought out individuals who were formal or informal community leaders and those known in the community for their involvement or concern over development issues. The meetings included a wide range of community residents: county and town officials, social service providers, pro-development organizations, environmental organizations, church leaders, school personnel and law enforcement personnel. These contacts enabled us to hear first hand what the community members' personal experience with energy development was. We asked them for both their professional opinions and personal perceptions of the issues. As a general rule, we continued the interviewing process until we heard similar information repeated, at which time we felt we had a clear understanding of community perspectives.

Each targeted county was visited for a minimum of two days, with a maximum of four days. The counties with minimal impact were visited by one staff member, the others by a team of two or more. At the completion of the county visits, the HDA staff members met in Billings for a two day debriefing session. This meeting enabled us to compile the information we had gathered and summarize the various counties' experiences with impact on health and human services.

5. Synthesis and analysis - Once the data was collected from the statistical sources and the site visits, a series of meetings was held by project team members to develop a composite of general and specific needs. After this condensed list was prepared, the project team focused on the design of a final report which would present the significant findings of this study and also be a useful document for the review of future health and human service proposals.



## CRITIQUE OF DATA SOURCES

Two kinds of data are presented in this study: need data and service data. Need is defined as the requirement of a population for a certain service based on the incidence of a particular problem in that population. This project used as references on health and human service needs a paper entitled "Health Care Problems in Rural Energy Boom Towns" (Milburn, 1980) which exhaustively catalogued health problems in energy impacted communities, and definitions offered by different Montana service providers.

Service data is information collected by service providers relative to the provision of a specific service. Very simply it is who is receiving what, where, and in what manner. Service data is obtainable in two ways:

- 1) statewide reporting systems and 2) local provider data.

Ideally, need and service data could be combined to answer several important questions including 1) what has been the effect over time of coal development? 2) how do different geographic areas compare with one another? 3) what are the current unmet needs? and 4) what should be the human service funding priorities based on the impacts of coal development and level of unmet need?

In reality, because of a number of limitations of the data, these questions can be answered only in the most general terms or not at all. The rest of this section will explain why this is the case, citing generic problems and some specific examples. A more detailed list of cautions in interpretation for thirteen of the primary data sources used in the preparation of county profile sheets is included in the Appendix.

## LIMITS IN INTERPRETING DATA

### Need Data

1. For nearly all health and human services, the definition of need is crude at best. As an example, the State Comprehensive Plan for Drug and Alcohol uses a figure for need of 10% of the population. No attempt is made to differentiate or refine this definition based on a number of factors (age, sex, per capita alcohol consumption) which might indicate differences between areas within the state.
2. Most statewide reporting systems concentrate on service data. Very often this does not accurately reflect the true needs of a population. In health and human services, utilization will increase if accessibility and availability of services improves. Again, using alcohol as an example, it would be wrong to assume a need for additional alcohol counseling services does not exist based solely on clients per 1000 population.

### Service Data

1. A number of state wide reporting systems were not in use during the period of coal impact. Thus we cannot get an accurate picture of what happened during the entire period. For example, the drug and alcohol system was only started in 1978, as was the judicial information system.



2. There can be inherent "bugs" in the data systems which limit their usefulness. For example, the Crime Index Control Report is being changed this year because it has not been sensitive to the types of crimes found in rural areas.
3. Local providers who send data into statewide systems caution against placing too much reliance on these systems. They are seen as "insensitive", or as not reflecting accurately what happens at the local level. This can occur for a number of reasons. For example, total mental health services may be underrepresented because state legislation provides reimbursement to mental health centers for only certain types of services. A substantive number of client contacts may not be reportable. Also, local providers may interpret service definitions in a different manner. Finally, when funding is tied to certain types of need or services, clients may be reported in a fundable category instead of the category in which they actually belong.
4. Much of the state data is collected on a regional or area basis. It is extremely difficult to compare different geographic areas when dealing with health and human service needs. For example, the area that includes Billings has a good number of service providers, and appears to have a much better over-all health status than may be the case. The communities outside the Billings area may not be provided for.
5. Most state data systems are designed to provide service data, and are not necessarily an accurate reflection of needs.

#### LOCAL PROVIDER DATA

1. There is no attempt at standardization, which makes it very difficult to compare one geographic area with another.
2. When only local provider data is kept, the same system is rarely used for more than a few years at a time. This makes evaluations over time, even for the same program, difficult or impossible.

#### ALL SERVICE DATA

1. Service data becomes out of date very rapidly, often before it's published. A listing of county health providers, for example, was found to have one-third of its listings out of date a few months after its publication.
2. All service data, no matter how good the system, can fluctuate widely in response to a number of factors. Most important among them are the availability of funding and the changes in personnel. The latter is particularly significant in rural areas where the loss of a single person may mean the reduction of several types of services. This can also be true for the addition of services. For example, the Forsyth-based Drug and Alcohol Program has added a number of new services including parenting, communication, assertiveness, and domestic violence counseling



with the addition of one skilled individual.

3. Designing good service data systems--ones which are reliable, useful and not expensive or time consuming is a difficult art. The technology of design has changed greatly in the last ten years, presenting particular problems for analyzing change over time.



## **Section 4: Appendices**





APPENDIX A: County Statistical Profiles

APPENDIX B: Bibliography of Primary and Secondary  
Data Sources

APPENDIX C: Project Contact List

APPENDIX D: Annotated Bibliography of Research  
Literature



COUNTY BIG HORNCENSUS DATA

	1970	1980	% CHANGE	% OF POP	STATE AVE	RANK
TOTAL POPULATION	10,057	11,096	10.3		13.2	2
CHILDREN UNDER 5	1,104	1,184	6.8	10.6	8.2	2
CHILDREN UNDER 18	4,236	4,058	-4.3	36.6	33.3	2
WOMEN 15-45	1,482	2,125	43.0	19.9	20.0	3
FERTILITY RATE	168.0	129.6	-23.0		90.0	1
MINORITY POPULATION	3,839	5,428	41.0	48.9	5.6	1
BLACK	6	5	-16.6	.04	.2	2
SPANISH SURNAME	0	298	100	2.7	1.3	2
AMERICAN INDIAN	3,752	5,125	36.6	46.2	4.7	1
PERSONS 62+	882	1,139	29.1	10.2	13.3	6

DATA SOURCE

1980 U.S. CENSUS

1981 MATERNAL CHILD HEALTH STUDY, DEPT. OF HEALTH AND ENVIRONMENTAL SCIENCE

1970 CENSUS

NOTES

1. POPULATION CHANGE IN 7 COUNTY AREA 1970-1980: 14.3%
2. BIG HORN COUNTY SURROUNDS THE CROW INDIAN RESERVATION. THE NATIVE AMERICAN POPULATION INCREASED FROM 38% OF THE COUNTY POPULATION IN 1970 TO 46% IN 1980.



COUNTY BIG HORN

ALCOHOL AND DRUGS

NEED:

A. PER CAPITA ALCOHOL CONSUMPTION	COUNTY	STATE AVE	7 COUNTY AVE	RANK
1972	\$36.58	\$49.23	\$44.03	4
1976	36.86	58.61	55.80	7
1981	40.99	57.53	63.86	6

B. ALCOHOL PROGRAM ADMISSION RATES/1000

1978	11.9	7.3	8.1	2
1979	24.6	8.0	8.6	1
1980	12.9	6.5	7.0	2
1981	6.4	6.3	5.4	2

C. HIGHWAY PATROL DUI SUMMONS

	TOTAL	RATE/1000	STATE AVG./1000	RANK
1979	90	8.1	2.77	1
1980	57	5.1	1.45	1
1981	45	4.1	1.7	2

D. ALCOHOL RELATED MOTOR VEHICLE ACCIDENTS (1978-81)

	TOTAL	RATE/1000	7 CO. AVE.	RANK
ACCIDENTS	181	16.3	10.5	1
INJURIES	87	7.8	5.1	1
FATALITIES	20	1.8	.8	1

E. UNEMPLOYMENT RATE (1979-81)

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
	6.8	5.98	4.98	1

DATA SOURCES

DEPT. OF INSTITUTIONS, MONTANA COMPREHENSIVE PLAN FOR ALCOHOL AND DRUG ABUSE PREVENTION, TREATMENT AND REHABILITATION; DEPT. OF REVENUE: MONTANA VITAL STATISTICS; DEPT OF JUSTICE, HIGHWAY SAFETY DIVISION; CENSUS DATA; DEPT. OF ADMINISTRATION,

SERVICE DATA

A. PROVIDERS

OUTPATIENT: BIG HORN COUNTY HEALTH DEPARTMENT -FAMILY COUNSELOR AND ALCOHOL AND DRUG THERAPIST

INPATIENT: DEPENDS ON ABILITY OF CLIENT TO PAY, AND CLIENT PREFERENCE. RIMROCK, (BILLINGS), GALEN, GLASGOW, HILLTOP (HAVRE)

B. ACTIVITY REPORTS:

# OF FIRST ADMISSIONS TO ALCOHOL PROGRAMS DURING 1981 124

NOTES:

1. ALCOHOL/DRUG COUNSELOR NOT AVAILABLE DURING FULL YEAR IN 1981.
2. THE FIRST ADMISSIONS TOTAL FOR 1981 IS AN ESTIMATE BASED ON THE CLIENT CONTACTS DURING THE THREE MONTH PERIOD FROM JUNE THROUGH AUGUST OF 1982.
3. AFTERCARE AND CONCERNED PERSONS GROUPS HAVE BEEN STARTED, AND MEETINGS ARE BEING HELD IN THREE TOWNS IN THE COUNTY.



COUNTY BIG HORN

CRIMINAL JUSTICE

NEED:

A. 1980 CRIME INDEX REPORT

		CRIME RATE per 100,000		
COUNTY	STATE AVERAGE	7 COUNTY AVE	RANK	
CRIMES AGAINST PERSONS	425.5	215.7	198.1	1
CRIMES AGAINST PROPERTY	2602.3	4462.7	2346.2	3
TOTAL CRIMES	3780.7	7199.9	3607.1	3

C. PROBATION AND PAROLE CASELOADS

	TOTAL CASELOAD	AVERAGE/MO.	RATE/1000
1978	806	67.6	37.14
1979	869	73.4	39.6
1980	1030	85.8	47.03
1981	1069	89.1	46.88

D. DISTRICT COURT CASELOAD (1978-81)

	4 YEAR TOTAL	4 YR AVE.	RATE/ 1,000	AVE/CO >10,000	7 CO. AVE	RANK
CRIMINAL CASES	176	44	3.96	3.58	4.58	4
DOMESTIC RELATIONS	380	95	8.56	9.93	8.9	5
JUVENILE PROBATION	47	11.7	1.06	1.77	1.23	5
ADOPTION	25	6.25	.56	.88	.86	3
TOTAL CASES	1228	307	27.6	34.2	34.2	2

DATA SOURCES

DEPT. OF JUSTICE: CRIME INDEX REPORT; DISTRICT COURT CASELOAD STATISTICS;  
DEPT. OF JUSTICE: OFFENSE AND ACTIVITY REPORT (STARTING 7/1/82);  
DEPT. OF INSTITUTIONS: PAROLE AND PROBATION CASELOAD STATISTICS.

SERVICE DATA

A. PROVIDERS:

COUNTY SHERIFF: WALT RIDER

DISTRICT COURT # 13; JUDGES-WM. SPEARE; ROBT. WILSON; CHAS. LUEDKE

COUNTY ATTORNEY: JAMES SEYKORA

JUVENILE PROBATION OFFICER/S: MS. ANN BULLIS

NOTES

1. CRIMES AGAINST PERSONS ARE TWICE THE STATE AVERAGE.
2. SEX CRIMES ARE 2.5 TIMES THE STATE AVERAGE.
3. CRIME INDEX REPORT DOES NOT INCLUDE THE CROW INDIAN RESERVATION.



COUNTY BIG HORN

## MENTAL HEALTH SERVICES

NEED:

	COUNTY	ST AVE	7 CO AVE	RANK
A. 1981 PER CAPITA ALCOHOL CONSUMPTION	\$44.99	\$57.53	\$63.68	2
B. 1981 HIGHWAY PATROL DUI SUMMONS/1000	4.4	1.7	3.7	6
C. AVERAGE ALCOHOL ADMISSION RATES/1,000 (1978-81)	13.9	7.0	7.25	6
D. POPULATION CHANGE 1970-80	10.3	13.2	14.3	2
E. UNEMPLOYMENT RATE 1979-80	6.8	5.98	4.98	7
F. 1981 JUVENILE PROBATION CASES RATE/ 1000	10.8	NA	9.9	3
G. CRIME INDEX REPORT				
CRIMES AGAINST PERSONS	425.5	215.7	198.1	7
CRIMES AGAINST PROPERTY	2602.3	4462.7	2346.2	5
TOTAL CRIMES	3780.7	7199.9	3607.1	5
H. DOMESTIC VIOLENCE REPORTS/1000	3.4	.33	1.04	7
I. 1981 CHILD ABUSE AND NEGLECT REFERRALS/ 1000	10.8	NA	6.3	1
J. DOMESTIC RELATIONS CASES (1978-810	8.56	10.8	8.9	5
K. WARM SPRINGS ADMISSION RATE/1000 (1978-81)	.42	.73	.50	6
L. PERCENT BELOW POVERTY 1977	25	15.3	17.85	2
M. SOCIAL WORKER/ POPULATION RATIO	COUNTY	REC.	STANDARD	
J. MENTAL HEALTH WORKER/POP RATIO	1/5500	1/6000		
FAMILY COUNSELOR	1/5500	1/5000		
PSYCHIATRIC SOCIAL WORKER	0	1/5000		
CLINICAL PSYCHOLOGIST	0	1/20,000		

SERVICE DATA:

- A. UNITS OF SERVICE PROVIDED : NOT AVAILABLE  
B. ADMISSIONS TO CENTER 138  
C. ADMISSION RATE/1,000 18.6 7 CO RATE 18.12 7 CO RANK 3  
E. CLIENT DATA: NOT AVAILABLE  
F. WARM SPRINGS ADMISSIONS 1981 3

#### **DATA SOURCES:**

CENSUS; COMPREHENSIVE STATE ALCOHOL/DRUG PLAN; CRIME INDEX REPORT;  
DEPT OF INSTITUTIONS, JUVENILE PROBATION REPORTS; SRS, DOMESTIC VIOLENCE  
REPORTING SYSTEM; SRS, CHILD PROTECTION SPECIALISTS RECORDS; BIG HORN COUNTY  
HEALTH DEPARTMENT.

## NOTES:

1. CRIME INDEX DOES NOT INCLUDE THE CROW INDIAN RESERVATION.
  2. BIG HORN COUNTY MENTAL HEALTH SERVICES ARE PROVIDED BY THE COUNTY HEALTH DEPARTMENT. THEY DO NOT USE THE STANDARDIZED REPORTING SYSTEM OF THE REGIONAL MENTAL HEALTH CENTERS.
  3. CHILD ABUSE AND NEGLECT RANKING DOES NOT INCLUDE ROSEBUD OR TREASURE COUNTIES.



COUNTY BIG HORN

DOMESTIC VIOLENCE  
 (SPOUSE ABUSE, CHILD ABUSE AND NEGLECT, FAMILY DISTURBANCES)

NEED

- A. ALCOHOL ADMISSION RATE/1,000  
 (1978-81)  
 B. UNEMPLOYMENT RATE (1979-81)  
 C. MENTAL HEALTH ADMISSIONS 1981

COUNTY	STATE AVE	7 CO AVE	RANK
	11.9	7.0	7.25
	6.8	5.98	4.98
	18.6	NA	18.12

- D. TOTAL MARRIAGES/ RATE/1000  
 E. MARITAL TERMINATIONS/RATE  
 PER 1000

	1972	1975	1979	1979 STATE AVE
	77	7.9	70/ 6.4	82/ 7.4
	76	7.8	63/ 5.8	61/ 5.5

- F. DISTRICT COURT DOMESTIC  
 RELATIONS CASES (1978-81)

	4 YR AVERAGE	RATE/1000	7 CO AVE	RANK
	380	8.56	8.9	3

DATA SOURCES

SRS  
 SRS CHILD CARE SERVICES  
 COUNTY WELFARE SOCIAL WORKER CASELOAD REPORTS  
 CRIME INDEX, DEPT. OF JUSTICE  
 MONTANA VITAL STATISTICS, DEPT. OF HEALTH & ENVIR. SCIENCES  
 EASTERN MONTANA SPOUSE ABUSE PROGRAM.

SERVICE DATA

- A. REPORTED CASES OF SPOUSE ABUSE SEPT. 1981 - APRIL 1982 262  
 B. SPOUSE ABUSE CASES/1000/MO 3.4 COUNTY RANK 1  
 C. CHILD ABUSE/NEGLECT REFERRALS 1981 120  
 C. FOSTER CARE PLACEMENTS 10

NOTES

1. CHILD ABUSE AND NEGLECT REFERRALS WERE ESTIMATED BY THE COUNTY WELFARE DIRECTOR AT APPROXIMATELY 10 PER MONTH. THERE IS NO STATISTICAL REPORTING TO ACCURATELY TRACK ALL REFERRALS.



COUNTY BIG HORNEMERGENCY MEDICAL SERVICESNEED:

	RATE/ 1,000	STATE AVE	7 CO AVERAGE	RANK
1978-81 MOTOR VEHICLE ACCIDENTS	862	19.4	28.39	18.1
INJURY ACCIDENTS	280	6.3	8.52	6.1
FATAL ACCIDENTS	32	.72	.34	.49
1977-79 STROKE FATALITIES	15	69.0	73.9	85.3
1977-79 HEART DISEASE DEATHS	81	249.0	303.8	293.5
1977-79 ACCIDENTAL DEATHS	43	132.0	74.1	94.1

SERVICE DATA:

A. # OF TRIPS/YEAR  
% EMERGENCY

COUNTY	RATE/1000	7 CO AVE	RANK
1800	162.2	78.28	1
60%		53.3	3

B. MAJOR REASON FOR TRIP:

C. PERSONNEL:

# OF CERTIFIED EMT'S: 8 INCLUDING 1 PART-TIME RN & 1 PART-TIME LPN

# OF CERTIFIED FIRST RESPONDERS: 0

# OF ADVANCED FIRST AID: 0

ADMINISTRATIVE PERSONNEL: FULL-TIME DIRECTOR WITH ADMINISTRATIVE SUPPORT.

D. QUICK RESPONSE UNITS: 0

E. HOSPITALS USED: BILLINGS 60%  
SHERIDAN 40%

DATA SOURCES:

COUNTY AMBULANCE SERVICE TRIP REPORTS  
DEPT. OF JUSTICE, HIGHWAY TRAFFIC SAFETY, MOTOR VEHICLE ACCIDENT SUMMARY  
REPORT  
MONTANA VITAL STATISTICS, DHES, BUREAU OF RECORDS AND STATISTICS

NOTES:

1. BIG HORN COUNTY AMBULANCE PRIVATELY OWNED. CONTRACTS WITH COUNTY AND COUNTY PROVIDES BUILDING AND FUEL.
2. BIG HORN COUNTY FIREMEN NOT EMT TRAINED.
3. EQUIPMENT: (2) TYPE 2 VANS--1980, 1982
  - (1) TYPE 1 4WD MODULAR WITH ADVANCED LIFE SUPPORT SYSTEM--1980
  - (1) TYPE 4 4WD SUBURBAN--1978
 HELICOPTER SERVICE AVAILABLE TO BILLINGS.
4. AMBULANCE COMMUNICATES WITH HOSPITAL WHICH CONTACTS PHYSICIAN.



COUNTY BIG HORNPRIMARY HEALTH SERVICESNEED:

- A. HEALTH STATUS INDICATOR RANKING: 54  
 B. DHHS MEDICALLY UNDERSERVED DESIGNATIONS: PRIORITY LEVEL 1

	COUNTY	STATE AVE	7 CO AVE	RANK
C. INFANT MORTALITY RATE (1976-81)	19.9	13.5	17.9	2
D. INFANT DEATHS (1977-80) /1000	16.8	11.6	13.8	2
E. LOW BIRTH WT (1977-80)/1000	66.3	58.3	49.7	1
F. PERCENT BELOW POVERTY (1977)	25%	15.3	17.8	2
G. ADC RECIPIENTS, MONTHLY 1981 PER 100,000	15.4	9.0	6.4	1
H. MEDICAID RECIPIENTS, MONTHLY 1981/ 100,000	16.6	24.9	13.7	2
I. WOMEN 15-45/1000	19.9	20.0	19.4	3
J. % POPULATION > 62 YEARS OF AGE	10.2	13.3	12.2	6
K. GENERAL FERTILITY RATE	129.6	90.0	98.1	1

	COUNTY	STATE AVE	RECOMMENDED STANDARD
K. PHYSICIAN/ POPULATION RATIO	1/1000	1/750	1/2500

SERVICE DATA:

A. LICENSED PHYSICIANS	<u>5</u>
B. ACTIVE LICENSED NURSES: RN'S	<u>41</u>
	LPN'S <u>18</u>
	PHN'S <u>1</u>
C. DENTAL PRACTICES: FULL-TIME	<u>2</u>
	PART TIME <u>1</u>
D. HOSPITALS: BIG HORN COUNTY MEMORIAL, 16 BEDS	<u>SPLIT 1</u>
INPATIENT ADMISSIONS	<u>334</u>
EMERGENCY ROOM VISITS	<u>1,707</u>
% OCCUPANCY	<u>39.5%</u>
SURGICAL PROCEDURES INP/OUTPT	<u>122/0</u>
E. NURSING HOMES: BIG HORN COUNTY MEMORIAL HOSPITAL;(NEW NURSING HOME DUE TO OPEN OCTOBER 1, 1982)	
# OF BED DAYS	<u>11,691</u>
% OCCUPANCY	<u>93.9</u>
EXPENSE/ PT DAY	<u>\$8.26</u>
ADMISSIONS	<u>34</u>

	COUNTY	RATE/1000	STATE AVE	7 CO AVE	RANK
F. LIVE BIRTHS (1979)	250	22.5	17.9	20.0	2
G. INDUCED ABORTIONS (1981)	38	132.4	173.9	132.4	1

DATA SOURCES

MONTANA STATE HEALTH PLAN 1981-82 (SHCC)  
 MONTANA HEALTH DATA BOOK AND MEDICAL FACILITIES INVENTORY, 1980  
 DHHS UNDERSERVED DESIGNATIONS LIST  
 MCH NEEDS ASSESSMENT 1982  
 HEALTH SERVICES ASSESSMENT, 17 EASTERN MONTANA COUNTIES, 1981  
 MONTANA VITAL STATISTICS

NOTES

1. PHYSICIAN/POPULATION RATIO DOES NOT INCLUDE THE INDIAN POPULATION ON THE CROW RESERVATION. THE RESERVATION HAS ITS OWN HEALTH FACILITIES.



COUNTY BIG HORNPUBLIC HEALTH SERVICESNEED:

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
A. UNEMPLOYMENT RATE 1979-81	6.8	5.98	4.98	1
B. IMMUNIZATION RATE 1981	97.6%	95.0%	97.2%	4
C. ADC RECEIPIENTS, RATE/100 1981	15.4	9.0	6.4	1
D. MEDICAID RECIPIENTS, RATE/1000 1981	16.6	24.9	13.7	2
E. INFANT DEATHS (1977-80)/1000	16.8	11.6	13.8	2
F. LOW BIRTH WTS. (1977-80)/1000	66.3	58.3	49.7	1
G. WOMEN RECEIVING NO PRENATAL CARE (1977-80)/1000 LIVE BIRTHS	36.4	7.7	15.7	1
H. INDUCED ABORTIONS/1000 LIVE BIRTHS	132.4	173.9	74.9	1
I. WOMEN IN NEED OF FAMILY PLAN- NING/1000 (1979)	25.7	43.9	45.6	7
J. BIRTHS TO WOMEN <19 PER 1000 LIVE BIRTHS	18.5%	12.3%	14.2%	3
K. WOMEN, INFANTS & CHILDREN		INCOME AVE/MO	% OF POP ELIGIBLE FOR WIC SERVICES	RANK
	759	1258	11.3	5

SERVICE DATA:

- A. PUBLIC CLINICS- PRENATAL CLASSES; VD SCREENING; WIC; HIGH RISK FOLLOW-UPS.
- B. SCHOOL HEALTH PROGRAMS- SCHOOL NURSING; IMMUNIZATIONS.
- C. FAMILY PLANNING SERVICES- COUNSELING SERVICES PROVIDED ON AN OUTREACH BASIS BY YELLOWSTONE COUNTY.
- D. HOME HEALTH SERVICES- HOME VISITS.
- E. OTHER- PARENTING CLASSES; COMMUNITY EDUCATION.

DATA SOURCES:

MONTANA STATE HEALTH PLAN  
MCH NEEDS ASSESSMENT 1982  
17 COUNTY HEALTH SERVICES ASSESSMENT  
PERSONAL INTERVIEWS WITH COUNTY PUBLIC HEALTH NURSES

NOTES:

1. BIG HORN HEALTH DATA INCLUDE THE CROW INDIAN RESERVATION WHICH HAS A HIGH PERCENTAGE OF LOW INCOME FAMILIES.



COUNTY BIG HORN

SERVICES FOR YOUTH

NEED:

	COUNTY	AVERAGE	RANK
A. JUVENILE PROBATION CASELOAD RATE/1000	11.6	9.9	3
B. 1981 CHILD ABUSE AND NEGLECT REFERRALS--RATE/1000	10.8	6.3	1
C. DISTRICT COURT JUVENILE PROBATION CASELOAD (1978-81)	1.06	1.23	5

D. STANDARDS FOR YOUTH SERVICES

	COUNTY	REC. STANDARD
DAY CARE FACILITIES	1/11,000	1/5000

SERVICE DATA:

- A. REGISTERED DAY CARE HOMES: NONE
- B. LICENSED DAY CARE CENTERS: 1 LICENSED FOR 35 CHILDREN
- C. LICENSED FOSTER CARE HOMES: 7
- D. RECREATION  
INDOOR  
OUTDOOR-- (HARDIN) BASKETBALL COURT; PLAYGROUNDS (2); OUTDOOR POOL;  
TENNIS COURTS (3).
- E. JUVENILE PROBATION CONTACTS 1981 118

DATA SOURCES:

DEPT. OF INSTITUTIONS, CORRECTIONS SUPPORT BUREAU  
SRS, COUNTY WELFARE DEPARTMENTS  
CRIME CONTROL INDEX REPORT  
SRS, REGIONAL OFFICE CHILD CARE LICENSING SPECIALISTS

NOTES

1. ATTENDANCE AT DAY CARE CENTER AVERAGING ABOUT 22 CHILDREN/DAY.
2. MORE FOSTER CARE HOMES NEEDED PRIMARILY BECAUSE OF RESERVATION PLACEMENTS.
3. 16 JUVENILES WERE SENT TO DETENTION FACILITIES DURING 1981.
4. CHILD ABUSE AND NEGLECT RANKING IS ONLY FOR FIVE COUNTIES. ROSEBUD AND TREASURE DATA WAS NOT AVAILABLE.



COUNTY BIG HORN

SERVICES FOR THE ELDERLY

NEED

- A. # OF PEOPLE > 62 YEARS OF AGE 1139  
B. % CHANGE IN ELDERLY POPULATION 1970 - 1980 +22.6%  
C. % OF POPULATION > 62 YEARS OF AGE 10.2%  
D. SERVICE TO POPULATION RATIOS:

	COUNTY	RECOMMENDED STANDARD
LONG TERM CARE BEDS/1000	<u>14/1000</u>	<u>65/1000</u>
INTERMEDIATE CARE BEDS/1000	<u>8/1000</u>	<u>25/1000</u>

DATA SOURCES

U.S. CENSUS  
AREA AGENCY ON AGING  
MONTANA CENTER FOR GERONTOLOGY, MSU, BOZEMAN (GARY A. REFSLAND, DIR.)  
COUNTY AGING COORDINATOR  
SRS, COMMUNITY SERVICES

SERVICE DATA

A. UNITS OF SERVICE (DEC. TO MAY))	HARDIN	LODGE GRASS
CONGREGATE MEALS	<u>170 PER/7440 MEALS</u>	<u>1458 MEALS</u>
HOME DELIVERED MEALS	<u>17 PERSONS</u>	<u>NA</u>
HOME CHORE SERVICES	<u>69 PER/ 414 VISITS</u>	<u>NA</u>
TRANSPORTATION	<u>68 PER/ 408 RIDES</u>	<u>NA</u>
HOME HEALTH SERVICES	<u>PROVIDED BY PHN</u>	<u>NA</u>
B. SENIOR CITIZENS CENTER/S	<u>5 DAYS/WEEK</u>	<u>12-14D/MO</u>
C. FUNDING		
FEDERAL	<u>\$30,296</u>	
STATE	<u>2,568</u>	
COUNTY	<u>43,424</u>	
TOTAL	<u>\$75,288</u>	

NOTES

1. BIG HORN HAS A FULL TIME SENIOR CITIZENS DIRECTOR.
2. HOME HEALTH IS THE #1 PRIORITY ACCORDING TO WAYNE BRITTS, AREA AGING DIRECTOR FOR REGION #2.
3. THE PER CAPITA ALLOCATION FOR SENIOR CITIZENS IN BIG HORN COUNTY IS \$66.10 PER YEAR.



COUNTY BIG HORN

RECREATION

NEED:

SERVICE DATA:

FEDERAL:

AFTER BAY--PICNIC, CAMP, FISH, BOAT ACCESS  
BLACK CANYON--PICNIC, CAMP, FISH BOAT ACCESS  
CUSTER BATTLEFIELD--EXHIBITS  
LaFEVERS'S RANCH--FISH  
RED NOSE--FISH  
WILLOW CREEK--FISH, PICNIC, BOAT

STATE:

ARAPOOISH--FISH  
BIG HORN--FISH  
CHIEF PLENTY COUP STATE MONUMENT--PICNIC, CAMP, EXHIBITS  
TWO LEGGINS--FISH  
TONGUE RIVER RESERVOIR--FISH, BOAT ACCESS, BOAT DOCK  
ROSEBUD BATTLEFIELD--BOAT ACCESS, CAMP, PICNIC

LOCAL GOVERNMENT:

LODGE GRASS- PICNIC AREA.  
HARDIN- TENNIS COURTS (3); BASKETBALL COURTS (1); PLAYGROUND (2); OUTDOOR POOL (1); HORSESHOE SITE (1); PAVILION (1)  
\$77,200 IN FEDERAL GRANTS HAVE BEEN AWARDED TO BIG HORN FOR RECREATION FACILITIES.

DATA SOURCES

ENERGY DEVELOPMENT IN SOUTHEASTERN MONTANA: ITS IMPACT ON OUTDOOR RECREATION, 1982;  
DEPT. FISH, PARKS AND WILDLIFE, LAND AND WATER CONSERVATION ASSISTANCE FUND; MONTANA RECREATION GUIDE, DEPT. FISH AND GAME, PARKS DIVISION.

NOTES



COUNTY CUSTER

CENSUS DATA

	1970	1980	%CHANGE	% OF POP	STATE AVE	RANK
TOTAL POPULATION	12,174	13,109	7.7		13.2	3
CHILDREN UNDER 5	916	1,082	15.4	9.3	8.2	3
CHILDREN UNDER 18	4,451	3,858	-13.4	29.4	33.3	7
WOMEN 15-45	2,303	2,497	7.8	19.0	20.0	4
FERTILITY RATE	96.4	92.1	-3.4		90.0	4
MINORITY POPULATION	42	248	590	.32	5.6	5
BLACK	4	4	0	.03	.2	3
SPANISH SURNAME	11	204	1854	1.5	1.3	3
AMERICAN INDIAN	25	83	332	.63	4.7	3
PERSONS 62+	1879	2,127	13.2	16.2	13.3	2

DATA SOURCE

1980 U.S. CENSUS

1981 MATERNAL CHILD HEALTH STUDY, DEPT. OF HEALTH AND ENVIRONMENTAL SCIENCE

1970 CENSUS

NOTES



COUNTY CUSTERALCOHOL AND DRUGSNEED:

A.	COUNTY	STATE AVE	7 CO	RANK
PER CAPITA ALCOHOL CONSUMPTION				
1972	\$52.86	\$49.23	\$44.03	2
1976	66.87	58.61	55.80	2
1981	71.80	57.53	63.86	3

## B. ALCOHOL PROGRAM ADMISSION RATES/1000

1978	8.0	7.3	8.1	3
1979	8.3	8.0	8.6	3
1980	8.2	6.5	7.0	3
1981	6.0	6.3	5.4	3

## C. HIGHWAY PATROL DUI SUMMONS

	TOTAL	RATE/1000	STATE AVG./1000	7 CO RANK
1979	44	3.3	2.77	3
1980	21	1.6	1.45	6
1981	12	.9	1.7	6

## D. ALCOHOL RELATED MOTOR VEHICLE ACCIDENTS (1978-81)

	TOTAL	RATE/1000	7 CO. AVE.	7 CO RANK
ACCIDENTS	139	10.6	10.5	2
INJURIES	60	4.6	5.1	5
FATALITIES	4	.3	.8	6

## E. UNEMPLOYMENT RATE (1979-81)

	COUNTY	STATE AVE	7 COUNTY AVE	7 CO RANK
	3.97	5.98	4.98	3

DATA SOURCES

DEPT. OF INSTITUTIONS: MONTANA COMPREHENSIVE PLAN FOR ALCOHOL AND DRUG ABUSE PREVENTION, TREATMENT AND REHABILITATION; DEPT. OF REVENUE; MONTANA VITAL STATISTICS; DEPT OF JUSTICE, HIGHWAY SAFETY DIVISION; 1980 CENSUS; DEPT. OF ADMINISTRATION: STATISTICAL RESEARCH DIVISION.

SERVICE DATA

## A. PROVIDERS

OUTPATIENT: DISTRICT # 3 ALCOHOL & DRUG PROGRAM (MILES CITY). 3.5 FTE COUNSELORS, ALSO SERVING SATELLITE IN POWDER RIVER.

INPATIENT: NO ESTABLISHED PATTERN BECAUSE OF ALL NEW COUNSELING STAFF. LOOKING AT RIMROCK AND GLASCOW BECAUSE OF FEES FOR AFTERCARE.

## B. ACTIVITY REPORTS:

# OF FIRST ADMISSIONS TO ALCOHOL PROGRAMS DURING 1981 78

NOTES:

1. COMPLETE COUNSELING STAFF TURNOVER DURING 1982.
2. PROVIDES SUPERVISION FOR ROSEBUD COUNTY/TREASURE COUNTY ALCOHOL COUNSELORS WHICH ARE PARTIALLY FUNDED BY COAL BOARD GRANT.



CRIMINAL JUSTICENEED:

## A. 1980 CRIME INDEX REPORT

## CRIME RATE per 100,000

	COUNTY	STATE AVERAGE	7 COUNTY AVE	RANK	7 CO
CRIMES AGAINST PERSONS	251.7	215.7	198.1	2	
CRIMES AGAINST PROPERTY	4851.6	4462.7	2346.2	1	
TOTAL CRIMES	5439.0	7199.9	3607.1	1	

## C. PROBATION AND PAROLE CASELOADS (INCLUDES CUSTER, POWDER RIVER, GARFIELD, FALLON, CARTER, AND PART OF PRAIRIE):

	TOTAL CASELOAD	AVERAGE/MO.	RATE/1000
1978	667	55.5	27.4
1979	532	44.3	21.8
1980	560	46.6	23.0
1981	701	58.4	28.8

## D. DISTRICT COURT CASELOAD (1978-81)

	4 YEAR TOTAL	4 YEAR AVE.	RATE/ 1000	AVE CO >10,000	7 COUNTY AVERAGE	7 CO RANK
CRIMINAL CASES	297	74.25	5.6	3.58	4.58	1
DOMESTIC RELATIONS	636	159	12.1	9.93	8.9	1
JUVENILE PROBATION	88	22	1.68	1.77	1.23	1
ADOPTION	51	12.75	1.0	.88	.86	3
TOTAL CASES	2139	535	40.8	34.2	34.2	2

DATA SOURCES

DEPT. OF JUSTICE: CRIME INDEX REPORT; DISTRICT COURT CASELOAD STATISTICS;  
 DEPT. OF JUSTICE: OFFENSE AND ACTIVITY REPORT (STARTING 7/1/82);  
 DEPT. OF INSTITUTIONS: PAROLE AND PROBATION CASELOAD STATISTICS.

SERVICE DATA

## A. PROVIDERS:

COUNTY SHERIFF: F.W. DAMM

CITY POLICE CHIEF: JAMES CERTAIN

DISTRICT COURT # 16; JUDGE ARTHUR MARTIN

COUNTY ATTORNEY: KEITH HAKER

JUVENILE PROBATION OFFICER/S: ERNEST BUTTS, BONNIE BRITZMAN, MARION BUTTS

NOTES

1. CRIMES AGAINST PROPERTY ARE 6% ABOVE THE STATE AVERAGE.



COUNTY CUSTER

DOMESTIC VIOLENCE  
 (SPOUSE ABUSE, CHILD ABUSE AND NEGLECT, FAMILY DISTURBANCES)

NEED

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
A. ALCOHOL ADMISSION RATE/1,000 (1978-81)	7.6	7.0	7.25	3
B. UNEMPLOYMENT RATE (1979-81)	3.97	5.98	4.98	3
C. MENTAL HEALTH ADMISSIONS 1981 RATE/1000	21.0	NA	18.12	1

D. TOTAL MARRIAGES/ RATE/1000	1972	1975	1979	1979 STATE AVE
E. MARITAL TERMINATIONS/RATE PER 1000	113/ 9.5	142/11.8	137/10.4	10.4
	60/ 5.0	69/ 5.8	114/ 8.6	6.5

F. DISTRICT COURT DOMESTIC RELATIONS CASES (1978-81)	4 YEAR AVERAGE	AVE RATE RATE/1000	7 CO. CO >10,000	AVE.	RANK
	159	12.1	9.93	8.9	1

DATA SOURCES

SRS  
 SRS CHILD CARE SERVICES  
 COUNTY WELFARE SOCIAL WORKER CASELOAD REPORTS  
 CRIME INDEX, DEPT. OF JUSTICE  
 MONTANA VITAL STATISTICS, DEPT. OF HEALTH & ENVIR. SCIENCES  
 EASTERN MONTANA SPOUSE ABUSE PROGRAM.

SERVICE DATA

- A. REPORTED CASES OF SPOUSE ABUSE SEPT. 1981 - APRIL 1982 6
- B. SPOUSE ABUSE CASES/1000/MO .06 COUNTY RANK 4
- C. CHILD ABUSE/NEGLECT REFERRALS 1981 104
- C. FOSTER CARE PLACEMENTS 22

NOTES

1. THE CHILD ABUSE & NEGLECT REFERRAL STATISTIC IS AN ESTIMATE RATHER THAN AN EXACT FIGURE.



COUNTY CUSTERMENTAL HEALTH SERVICESNEEDS:

COUNTY	ST AVE	7 CO AVE	RANK	7 CO
A. 1981 PER CAPITA ALCOHOL CONSUMPTION	\$71.80	\$57.53	\$63.68	2
B. 1981 HIGHWAY PATROL DUI SUMMONS/1000	0.9	1.7	3.7	4
C. AVERAGE ALCOHOL ADMISSION RATES/1,000 (1978-81)	7.6	7.0	7.25	3
D. POPULATION CHANGE 1970-80	7.7	13.2	14.3	3
E. UNEMPLOYMENT RATE 1979-80	3.97	5.98	4.98	3
F. 1981 JUVENILE PROBATION CASELOAD/1000	17.01	NA	9.9	1
G. CRIME INDEX REPORT				
CRIMES AGAINST PERSONS	251.7	215.7	198.1	2
CRIMES AGAINST PROPERTY	4851.6	4462.7	2346.2	1
TOTAL CRIMES	5439.0	7199.9	3607.1	1
H. DOMESTIC VIOLENCE REPORTS/1000	.06	.33	1.04	4
I. 1981 CHILD ABUSE REFFERALS/ 1000	7.93	NA	6.31	2
J. DOMESTIC RELATIONS CASES (1978-81)	12.1	10.8	8.9	1
K. WARM SPRINGS ADMISSION RATE/1000 (1978-81)	.81	.73	.50	1
L. PERCENT BELOW POVERTY 1977	12%	15.3	17.85	7

COUNTY	REC. STANDARD
1/6500	1/6000
1/6500	1/5000
1/13000	1/5000
1/13000	1/20,000

SERVICE DATA:

## A. UNITS OF SERVICE PROVIDED (1ST THREE QTRS FY '82):

OUTPATIENT: 2402.5

INPATIENT: 77.25

DAY TREATMENT: 8,599

EMERGENCY: 355.25

CONSULTATION &amp; EDUCATION: 316.25

## B. ADMISSIONS TO CENTER: 276

C. ADMISSION RATE/1,000: 21.0 7 CO RATE 18.12 7CO RANK 1

## D. CLIENT DATA

% MALE	<u>44.5</u>
% FEMALE	<u>55.5</u>
% BELOW 18	<u>26</u>
% 18 TO 65	<u>70.6</u>
% OVER 65	<u>2.5</u>

## E. WARM SPRINGS ADMISSIONS 1979-81: 32

DATA SOURCES:

CENSUS; COMPREHENSIVE STATE ALCOHOL/DRUG PLAN; CRIME INDEX REPORT;  
 DEPT OF INSTITUTIONS, JUVENILE PROBATION REPORTS; SRS, DOMESTIC VIOLENCE  
 REPORTING SYSTEM; SRS, CHILD PROTECTION SPECIALISTS RECORDS; BIG HORN COUNTY  
 HEALTH DEPARTMENT.

NOTES:



1. EIGHT BED TRANSITIONAL LIVING FACILITY (INPATIENT) IN MILES CITY OPERATED BY THE EASTERN MONTANA MENTAL HEALTH CENTER. OCCUPANCY RATE: 6.5 BED/DAY.
  2. 24 HOUR CRISIS "HOT LINE".
  3. PERSONNEL: (4) PHD CLINICIANS SERVING MILES CITY AND SURROUNDING COUNTIES.
    - (1) MSW
    - (1) FULL-TIME NURSING POSITION FOR THE TRANSITIONAL CARE
- FACILITY.
- (4.5) ADMINISTRATIVE SUPPORT POSITIONS.



COUNTY CUSTER

EMERGENCY MEDICAL SERVICES

NEED:

			7 CO	
	TOTAL	RATE/1000	7 CO AVE	RANK
1978-81 MOTOR VEHICLE ACCIDENTS	609	11.6	18.1	6
INJURY ACCIDENTS	192	3.6	6.1	7
FATAL ACCIDENTS	10	.19	.49	7
1977-79 STROKE FATALITIES	58	144.9	85.3	7
1977-79 HEART DISEASE DEATHS	157	397.3	293.5	6
1977-79 ACCIDENTAL DEATHS	21	53.2	94.1	2

SERVICE DATA:

A.	COUNTY	RATE/1000	7 CO AVE	7 CO RANK
# OF TRIPS/YEAR	650	49.5	78.28	5
% EMERGENCY	50%	NA	53.3	5

B. MAJOR REASON FOR TRIP:

C. PERSONNEL:

# OF CERTIFIED EMT'S: 11 (ALL FIREMEN)  
# OF CERTIFIED FIRST RESPONDERS: 0  
# OF ADVANCED FIRST AID: 5  
ADMINISTRATIVE PERSONNEL: FIRE CHIEF ACTS AS DIRECTOR.

D. QUICK RESPONSE UNITS: 0

E. HOSPITALS USED: HOLY ROSARY  
VA FOR SOME NON-EMERGENCY TRANSPORT

DATA SOURCES:

COUNTY AMBULANCE SERVICE TRIP REPORTS; DEPT. OF JUSTICE, HIGHWAY TRAFFIC SAFETY, MOTOR VEHICLE ACCIDENT SUMMARY REPORT; MONTANA VITAL STATISTICS, DHES, BUREAU OF RECORDS AND STATISTICS

NOTES:

1. SERVICE IS FUNDED BY THE COUNTY BUT IS SELF-SUPPORTING.
2. EQUIPMENT:
  - (3) TYPE #1, WITH BASIC LIFE SUPPORT
  - 1982 FORD MODULAR
  - 1972 CHEVY VAN
  - 1976 DODGE VAN
3. TWO-WAY COMMUNICATION WITH HOSPITAL. HOSPITAL CALLS PHYSICIAN.
4. 911 USED TO CALL AMBULANCE.



COUNTY CUSTERPRIMARY HEALTH SERVICESNEED:

## A. STATE OF MONTANA HEALTH STATUS INDICATOR RANKING (1976-80): 16

	COUNTY	STATE AVE	7 CO AVE	RANK
C. INFANT MORTALITY RATE (1975-79)	12.2	13.5	17.9	5
D. INFANT DEATHS (1977-80) /1000	8.7	11.6	13.8	7
E. LOW BIRTH WT (1977-80)/1000	39.3	58.3	49.7	7
F. PERCENT BELOW POVERTY (1977)	12%	15.3	17.8	7
G. ADC RECIPIENTS, MONTHLY 1981 PER 100,000	7.5	9.0	6.4	3
H. MEDICAID RECIPIENTS, MONTHLY 1981/ 100,000	14.1	24.9	13.7	3
I. WOMEN 15-45/1000	19.0	20.0	19.4	2
J. % POPULATION > 62 YEARS OF AGE	16.2	13.3	12.2	2
K. GENERAL FERTILITY RATE	92.1	90.0	98.1	4

	COUNTY	STATE AVE	RECOMMENDED STANDARD
L. PHYSICIAN/ POPULATION RATIO	1/690	1/750	1/2500

SERVICE DATA:

A. LICENSED PHYSICIANS	<u>19</u>				
B. ACTIVE LICENSED NURSES: RN'S	<u>196</u>	LPN'S	<u>40</u>	PHN'S	<u>1</u>
C. DENTAL PRACTICES: FULL-TIME	<u>6</u>				
D. HOSPITALS: HOLY ROSARY (MILES CITY), 120 BEDS					
INPATIENT ADMISSIONS		<u>2,828</u>			
EMERGENCY ROOM VISITS		<u>4,244</u>			
% OCCUPANCY		<u>34.1%</u>			
SURGICAL PROCEDURES INP/OUTPT		<u>1154/204</u>			
E. NURSING HOMES: CUSTER COUNTY (121 BEDS) & FRIENDSHIP VILLA (67 BEDS)					
CUSTER			FRIENDSHIP VILLA		
# OF BED DAYS		<u>43,022</u>		<u>23,528</u>	
% OCCUPANCY		<u>97.1%</u>		<u>95.9%</u>	
EXPENSE/ PT DAY		<u>\$22.25</u>		<u>\$28.09</u>	
ADMISSIONS		<u>62</u>		<u>48</u>	

	COUNTY	RATE/1000	STATE AVE	7 CO AVE	RANK
F. LIVE BIRTHS (1979)	216	16.4	17.9	20.0	6
G. INDUCED ABORTIONS (1981)	19	82.6	173.9	132.4	4

DATA SOURCES

MONTANA STATE HEALTH PLAN 1981-82; MONTANA HEALTH DATA BOOK AND MEDICAL FACILITIES INVENTORY, 1980;  
 DHHS UNDERSERVED DESIGNATIONS LIST;  
 MCH NEEDS ASSESSMENT 1982;  
 HEALTH SERVICES ASSESSMENT, 17 EASTERN MONTANA COUNTIES, 1981;  
 MONTANA VITAL STATISTICS

NOTES

1. CUSTER COUNTY HAS THE BEST PHYSICIAN/PATIENT RATIO OF ANY OF THE IMPACT COUNTIES.



COUNTY CUSTER

PUBLIC HEALTH SERVICES

NEED:

			7 CO	
	COUNTY	STATE AVE	7 COUNTY AVE	RANK
A. UNEMPLOYMENT RATE 1979-81	3.97	5.98	4.98	3
B. IMMUNIZATION RATE 1981	95.0%	95.0%	97.2%	6
C. 1981 ADC RECIPIENTS/1000	7.5	9.0	6.4	3
D. 1981 MEDICAID RECIPIENTS/1000	14.1	24.9	13.7	3
E. INFANT DEATHS/ 1000 LIVE BIRTHS	8.7	11.6	13.8	7
F. LOW BIRTH WT./1000 (1977-80)	39.3	58.3	49.7	7
G. WOMEN RECEIVING NO PRENATAL CARE/ 1000 LIVE BIRTHS (1977-80)	2.1	7.7	15.7	6
H. INDUCED ABORTIONS/ 1000 LIVE BIRTHS	82.6	173.9	74.9	4
I. WOMEN IN NEED OF FAMILY PLANNING/ 1000 (1979)	44.0	43.9	45.6	5
J. BIRTHS TO WOMEN <19/ 1000 LIVE BIRTHS	13.5%	12.3%	14.2%	4
K. WOMEN, INFANTS & CHILDREN				
		INCOME ELIGIBLE	% OF POP ELIGIBLE FOR WIC SERVICES	7 CO RANK
AVE/MO	ELIGIBLE	FOR WIC SERVICES		
	231	516	3.9%	7

SERVICE DATA:

- A. PUBLIC CLINICS- VD SCREENING, WIC
- B. SCHOOL HEALTH PROGRAMS- SCHOOL NURSING; IMMUNIZATIONS.
- C. FAMILY PLANNING SERVICES- COMPLETE SERVICES.
- D. HOME HEALTH SERVICES- HOME VISITS, POST NATAL VISITS, FOLLOW-UP FOR NURSING MOTHERS.
- E. OTHER- PRE-NATAL CLASSES; COMMUNITY EDUCATION; HIGH RISK FOLLOW-UPS; SPECIAL SERVICES FOR DIABETIC CHILDREN.

DATA SOURCES:

MONTANA STATE HEALTH PLAN; MCH NEEDS ASSESSMENT 1982; 17 COUNTY HEALTH SERVICES ASSESSMENT; PERSONAL INTERVIEW WITH PUBLIC HEALTH NURSE

NOTES:



COUNTY CUSTER

SERVICES FOR THE ELDERLY

NEED

- A. # OF PEOPLE > 62 YEARS OF AGE 2127  
B. % CHANGE IN ELDERLY POPULATION 1970 - 1980 +13.2%  
C. % OF POPULATION > 62 YEARS OF AGE 16.2% 7 CO RANK 2  
D. SERVICE TO POPULATION RATIOS:

	COUNTY	RECOMMENDED STANDARD
LONG TERM CARE BEDS/1000	14/1000	65/1000
INTERMEDIATE CARE BEDS/1000	8/1000	25/1000

DATA SOURCES

U.S. CENSUS  
AREA AGENCY ON AGING  
MONTANA CENTER FOR GERONTOLOGY, MSU, BOZEMAN (GARY A. REFSLAND, DIR.)  
COUNTY AGING COORDINATOR  
SRS, COMMUNITY SERVICES

SERVICE DATA

A. UNITS OF SERVICE (DECEMBER TO MAY)	
CONGREGATE MEALS	<u>356 PERSONS / 6235 MEALS</u>
HOME DELIVERED MEALS	<u>44 PERSONS / 3817 MEALS</u>
HOME CHORE SERVICES	<u>178 PERSONS / 1781 VISITS</u>
TRANSPORTATION	<u>300 PERSONS / 5,388 RIDES</u>
HOME HEALTH SERVICES	<u>PROVIDED BY THE PHN</u>

B. SENIOR CITIZENS CENTER/S	<u>EVERYDAY</u>
-----------------------------	-----------------

C. FUNDING

FEDERAL	<u>\$57,829</u>
STATE	<u>5,324</u>
COUNTY	<u>69,424</u>
TOTAL	<u>132,617</u>

NOTES

1. NO FULL TIME PAID STAFF.
2. \$132,617 EQUALS \$62.34/PERSON > 62 YEARS OF AGE.



COUNTY CUSTER

SERVICES FOR YOUTH

NEED:

	COUNTY	7 COUNTY AVERAGE	7 CO RANK
A. 1981 JUVENILE POBATION CASELOAD/ 1000	17.01	9.9	1
B. CHILD ABUSE AND NEGLECT REFERRALS/1000 (1981)	7.93	6.3	2
C. DISTRICT COURT JUVENILE PROBATION CASELOAD (1978-81)	1.68	1.23	1

D. STANDARDS FOR YOUTH SERVICES

DAY CARE FACILITIES	COUNTY	REC. STANDARD
	1/ 6,500	1/5000

SERVICE DATA:

- A. REGISTERED DAY CARE HOMES: THREE
- B. LICENSED DAY CARE CENTERS: 2 LICENSED FOR 62 CHILDREN
- C. LICENSED FOSTER CARE HOMES: 18
- D. RECREATION  
INDOOR  
OUTDOOR--BASKETBALL COURTS, TENNIS COURTS, OUTDOOR POOL, OUTDOOR ICE RINK.
- E. 1981 JUVENILE PROBATION CASELOAD 223

DATA SOURCES:

DEPT. OF INSTITUTIONS, CORRECTIONS SUPPORT BUREAU  
SRS, COUNTY WELFARE DEPARTMENTS  
CRIME CONTROL INDEX REPORT  
SRS, REGIONAL OFFICE CHILD CARE LICENSING SPECIALISTS

NOTES



COUNTY CUSTER

RECREATION

NEED:

SERVICE DATA:

FEDERAL: NONE

STATE:

BRANUM LAKE--PICNIC, FISHING  
ROCHE JAUNE--FISHING, BOAT ACCESS, FLOAT TRIPS  
LOCATE REST AREA--PICNIC, EXHIBIT  
TWELVE MILE DAM--PICNIC, CAMPING

LOCAL GOVERNMENT:

WOODRUFF PARK--PICNIC, CAMPING  
SPOTTED EAGLE PARK--PICNIC, CAMPING, SWIMMING, FLOAT TRIP, SNOWMOBILING  
TENNIS COURTS (11)  
OUTDOOR POOL (1); OUTDOOR ICE RINK (1); HORSESHOE SITE (4); PISTOL RANGE (1);  
PICNIC AREA (2); ARCHERY RANGE (1).

DATA SOURCES

ENERGY DEVELOPMENT IN SOUTHEASTERN MONTANA: ITS IMPACT ON OUTDOOR RECREATION, 1982

DEPT. FISH, PARKS AND WILDLIFE, LAND AND WATER CONSERVATION ASSISTANCE FUND

MONTANA RECREATION GUIDE, DEPT. FISH AND GAME, PARKS DIVISION

NOTES

1. PRIVATELY OWNED FACILITIES INCLUDE A RIFLE RANGE, A SHOTGUN RANGE, A GOLF COURSE, AND A CAMPING AREA.
2. \$66,300 IN FEDERAL GRANTS HAVE BEEN AWARDED FOR RECREATION FACILITIES.



CENSUS DATA

	1970	1980	%CHANGE	% OF POP	STATE AVE	RANK
TOTAL POPULATION	2,875	2,702	-6.1		13.2	5
CHILDREN UNDER 5	239	245	2.5	9.0	8.2	3
CHILDREN UNDER 18	1,118	915	-18.2	33.8	33.3	5
WOMEN 15-45	504	491	-2.6	18.1	20.0	7
FERTILITY RATE	91.2	69.2	-28.3		90.0	7
MINORITY POPULATION	18	12	33	.44	5.6	7
BLACK	0	0	0	0	.2	7
SPANISH SURNAME	1	1	0	-	1.3	7
AMERICAN INDIAN	17	8	-53	.29	4.72	7
PERSONS 62+	354	370	4.6	13.7	13.3	4

DATA SOURCE

1980 U.S. CENSUS

1981 MATERNAL CHILD HEALTH STUDY, DEPT. OF HEALTH AND ENVIRONMENTAL SCIENCE

1970 CENSUS

NOTES

1. POPULATION CHANGE IN 7 COUNTY AREA 1970-1980: 14.3%



COUNTY MC CONEALCOHOL AND DRUGSNEED:

A. PER CAPITA ALCOHOL CONSUMPTION	COUNTY	STATE AVE	7 COUNTY AVE	RANK
1972	\$30.36	\$49.23	\$44.03	5
1976	40.71	58.61	55.80	6
1981	33.49	57.53	63.86	7

## B. ALCOHOL PROGRAM ADMISSION RATES/1000

1978	5.2	7.3	8.1	4
1979	1.0	8.0	8.6	6
1980	2.2	6.5	7.0	5
1981	4.8	6.3	5.4	4

## C. HIGHWAY PATROL DUI SUMMONS

	TOTAL	RATE/1000	STATE AVG./1000	RANK
1979	6	2.2	2.77	4
1980	8	2.9	1.45	3
	2	.74	1.7	7

## D. ALCOHOL RELATED MOTOR VEHICLE ACCIDENTS (1978-81)

	TOTAL	RATE/1000	7 CO. AVE.	RANK
ACCIDENTS	215	19.8	24.0	4
INJURIES	74	6.8	5.1	4
FATALITIES	10	.92	.8	2

## E. UNEMPLOYMENT RATE (1979-81)

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
	1.76	5.98	4.98	7

DATA SOURCES

DEPT. OF INSTITUTIONS, MONTANA COMPREHENSIVE PLAN FOR ALCOHOL AND DRUG ABUSE PREVENTION, TREATMENT AND REHABILITATION; DEPT. OF REVENUE: MONTANA VITAL STATISTICS; DEPT OF JUSTICE, HIGHWAY SAFETY DIVISION; CENSUS DATA; DEPT. OF ADMINISTRATION,

SERVICE DATA

## A. PROVIDERS

OUTPATIENT: COUNSELLOR ONE DAY PER WEEK OUT OF GLENDIVE (DISTRICT 2 ALCOHOL AND DRUG PROGRAM). 24 HOUR HOTLINE TO GLENDIVE OFFICE.

INPATIENT: Depends on ability of client to pay, and client preference.

## B. ACTIVITY REPORTS:

# OF FIRST ADMISSIONS TO ALCOHOL PROGRAMS DURING 1981 6

NOTES:



COUNTY MCCONE

CRIMINAL JUSTICE

NEED:

A. 1980 CRIME INDEX REPORT

CRIME RATE per 100,000

CRIMES AGAINST PERSONS	STATE AVERAGE	7 COUNTY AVE	RANK
	0	215.7	198.1
CRIMES AGAINST PROPERTY	703.2	4462.7	2346.2
TOTAL CRIMES	2405.6	7199.9	3607.1

C. PROBATION AND PAROLE CASELOADS (AS OF 1979 INCLUDES WIBAUX, MCCONE, DAWSON, RICHLAND AND PART OF PRAIRIE COUNTIES):

	TOTAL CASELOAD	AVERAGE/MO.	RATE/1000
1978	1525	127.0	23.5
1979	1130	94.1	40.75
1980	1316	109.6	47.46
1981	1643	136.9	59.25

D. DISTRICT COURT CASELOAD (1978-81)

	4 YEAR TOTAL	4 YEAR AVERAGE	RATE/ 1,000	AVE CO <10,000	7 CO AVE.	7 CO RANK
CRIMINAL CASES	36	9	3.3	3.22	4.58	6
DOMESTIC RELATIONS	23	5.75	2.12	7.24	8.9	7
JUVENILE PROBATION	5	.46	.17	1.29	1.23	5
ADOPTION	6	1.5	.55	.86	.86	7
TOTAL CASES	280	70	27.6	34.8	34.2	7

DATA SOURCES

DEPT. OF JUSTICE: CRIME INDEX REPORT; DISTRICT COURT CASELOAD STATISTICS;  
DEPT. OF JUSTICE: OFFENSE AND ACTIVITY REPORT (STARTING 7/1/82);  
DEPT. OF INSTITUTIONS: PAROLE AND PROBATION CASELOAD STATISTICS.

SERVICE DATA

A. PROVIDERS:

COUNTY SHERIFF: ROBERT JENSEN  
FORCE

DISTRICT COURT # 7; JUDGE L.C. GULBRANDSON

COUNTY ATTORNEY: ROBERT HOOVER

JUVENILE PROBATION OFFICER/S: CRAIG ANDERSON (GLENDALE),

NOTES

1. STOLEN PROPERTY OFFENSES MUCH HIGHER THAN THE STATE AVERAGE (19 TOTAL OFFENSES).



COUNTY MC CONE

DOMESTIC VIOLENCE  
(SPOUSE ABUSE, CHILD ABUSE AND NEGLECT, FAMILY DISTURBANCES)

NEED

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
A. ALCOHOL ADMISSION RATE/1,000 (1978-81)	3.3	7.0	7.25	5
B. UNEMPLOYMENT RATE (1979-81)	1.76	5.98	4.98	7
C. MENTAL HEALTH ADMISSIONS 1981	10.7	NA	18.12	5

	1972	1975	1979	1979 STATE AVE
D. TOTAL MARRIAGES/ RATE/1000	23/ 8.5	22/ 8.5	22/ 7.9	10.4
E. MARITAL TERMINATIONS/ RATE PER 1000	3/ 1.1	5/ 1.9	3/ 1.1	6.5

F. DISTRICT COURT DOMESTIC RELATIONS CASES (1978-81)	4 YEAR AVERAGE	RATE/ AVE/CO 1,000	7 CO <10,000 AVE.	7 CO RANK
	23	5.75	7.24	8.9

DATA SOURCES

SRS CHILD CARE SERVICES  
COUNTY WELFARE SOCIAL WORKER CASELOAD REPORTS  
CRIME INDEX, DEPT. OF JUSTICE  
MONTANA VITAL STATISTICS, DEPT. OF HEALTH & ENVIR. SCIENCES  
EASTERN MONTANA SPOUSE ABUSE PROGRAM.

SERVICE DATA

- A. REPORTED CASES OF SPOUSE ABUSE SEPT. 1981 - APRIL 1982 0  
B. SPOUSE ABUSE CASES/1000/MO 0 COUNTY RANK 7  
C. CHILD ABUSE/NEGLECT REFERRALS 1981 11  
C. FOSTER CARE PLACEMENTS 5

NOTES

1. THE MC CONE COUNTY SOCIAL WORKER REPORTED AN INCREASE IN CASELOAD ACTIVITY IN THE LAST FEW MONTHS WHICH SHE ATTRIBUTES LARGEMLY TO THE LAYOFFS IN THE OIL INDUSTRY.
2. THE FIVE FOSTER CARE PLACEMENTS CAME FROM OTHER COUNTIES INCLUDING THREE FROM ROSEBUD COUNTY.



COUNTY MC CONEMENTAL HEALTHNEED:

	COUNTY	ST AVE	7 CO AVE	RANK
A. 1981 PER CAPITA ALCOHOL CONSUMPTION	\$33.49	\$57.53	\$63.68	7
B. 1981 HIGHWAY PATROL DUI SUMMONS/1000	.74	1.7	3.7	2
C. AVERAGE ALCOHOL ADMISSION RATES/1,000 (1978-81)	13.9	7.0	7.25	5
D. POPULATION CHANGE 1970-80	-6.0	13.2	14.3	5
E. UNEMPLOYMENT RATE 1979-80	1.76	5.98	4.98	7
F. 1981 JUVENILE PROBATION CASELOAD RATE/ 1000	10.0	NA	9.9	4
G. CRIME INDEX REPORT				
CRIMES AGAINST PERSONS	0	215.7	198.1	7
CRIMES AGAINST PROPERTY	703.2	4462.7	2346.2	7
TOTAL CRIMES	2405.6	7199.9	3607.1	5
H. DOMESTIC VIOLENCE REPORTS/1000	0	.33	1.04	7
I. 1981 CHILD ABUSE REFERRALS/ 1000	4.07	NA	6.3	4
J. DOMESTIC RELATIONS CASES (1978-810	2.12	10.8	8.9	1
K. WARM SPRINGS ADMISSION RATE/1000 (1978-81)	.66	.73	.50	4
L. % BELOW POVERTY (1977)	14	15.3	17.85	5
M. SOCIAL WORKER/ POPULATION RATIO				
N. MENTAL HEALTH WORKER/POP RATIOS:				
FAMILY COUNSELOR	0		1/5000	
PSYCHIATRIC SOCIAL WORKER	0		1/5000	
CLINICAL PSYCHOLOGIST	1/13,500		1/20,000	

SERVICE DATA:

A. UNITS OF SERVICE PROVIDED (1ST THREE QTRS FY '82): NOT AVAILABLE--THE FIGURES ARE MIXED IN WITH THE GLENDIVE OFFICE.

B. ADMISSIONS TO CENTER: 29

C. ADMISSION RATE/1,000: 10.7      7 CO RATE 18.5      7 CO RANK 5

D. CLIENT DATA

% MALE	<u>75.8</u>
% FEMALE	<u>24.2</u>
% BELOW 18	<u>13.7</u>
% 18 TO 65	<u>82.7</u>
% OVER 65	<u>3.4</u>

F. WARM SPRINGS ADMISSIONS 1981: 0

DATA SOURCES:

CENSUS; COMPREHENSIVE STATE ALCOHOL/DRUG PLAN; CRIME INDEX REPORT; DEPT OF INSTITUTIONS, JUVENILE PROBATION REPORTS; SRS, DOMESTIC VIOLENCE REPORTING SYSTEM; SRS, CHILD PROTECTION SPECIALISTS RECORDS;

NOTES:

1. PSYCHOLOGIST AVAILABLE ONE DAY/ WEEK FROM THE GLENDIVE OFFICE OF THE EASTERN MONTANA MENTAL HEALTH CENTER.
2. MC CONE IS THE ONLY COUNTY IN THE IMPACT AREA WHERE MALE CLIENTS OUTNUMBER FEMALE CLIENTS IN MENTAL HEALTH SERVICE UTILIZATION.
3. CHILD ABUSE AND NEGLECT RANKING DOES NOT INCLUDE ROSEBUD OR TREASURE COUNTIES.



COUNTY MC CONEEMERGENCY MEDICAL SERVICESNEED:

	RATE/	STATE	7 CO	7 CO	
	TOTAL	1,000	AVE	AVE	RANK
1978-81 MOTOR VEHICLE ACCIDENTS	215	19.8	28.39	18.1	4
INJURY ACCIDENTS	74	6.8	8.52	6.1	4
FATAL ACCIDENTS	10	.92	.34	.49	2
1977-79 STROKE FATALITIES	8	98.7	73.9	85.3	4
1977-79 HEART DISEASE DEATHS	28	345.5	303.8	293.5	2
1977-79 ACCIDENTAL DEATHS	5	60.4	74.1	94.1	5

SERVICE DATA:

	COUNTY	RATE/1000	7 COUNTY AVERAGE	7 CO RANK
A. # OF TRIPS/YEAR	50	18.5	78.28	7
% EMERGENCY	20%	NA	53.3	7

## B. MAJOR REASON FOR TRIP:

## C. PERSONNEL:

# OF CERTIFIED EMT'S: 5

# OF CERTIFIED FIRST RESPONDERS: 0

# OF ADVANCED FIRST AID: 6

ADMINISTRATIVE PERSONNEL: ALL VOLUNTEER SERVICE

## D. QUICK RESPONSE UNITS: 3 (VIDA, BROCKWAY, WELDON)

## E. HOSPITALS USED: BILLINGS 40%

MILES CITY 50%

GLENDALE 5%

WOLF POINT 5%

DATA SOURCES:

COUNTY AMBULANCE SERVICE TRIP REPORTS

DEPT. OF JUSTICE, HIGHWAY TRAFFIC SAFETY, MOTOR VEHICLE ACCIDENT SUMMARY REPORT

MONTANA VITAL STATISTICS, DHES, BUREAU OF RECORDS AND STATISTICS

NOTES:

## 1. EQUIPMENT:

(1) TYPE 1 MODULAR, 4WD (1982), WITH BASIC LIFE SUPPORT SYSTEM

(1) TYPE 1 2WD (1977) WITH BASIC LIFE SUPPORT SYSTEM

(1) STATION WAGON (1963), WITH NO RADIO

2. PAGER SYSTEM USED FOR EVENING, NIGHTS AND WEEKENDS, TELEPHONE DURING THE DAY TO CONTACT AMBULANCE VOLUNTEERS.

3. EMT TRAINING SESSION HELD IN CIRCLE IN JUNE. AWAITING NOTIFICATION OF CERTIFICATION OF PARTICIPANTS.

4. STATE CERTIFIED EMT TRAINER LIVES IN CIRCLE.

5. MC CONE HAS THE BEST RATIO OF EMT'S TO POPULATION, AND THE LOWEST RATE OF ACCIDENTS REQUIRING AMBULANCE SERVICE OF ANY OF THE SEVEN COUNTIES.



COUNTY MC CONEPRIMARY HEALTH SERVICESNEED:

- A. MONTANA HEALTH STATUS INDICATOR RANKING 1976-80: 27  
 B. DHHS MEDICALLY UNDERSERVED DESIGNATIONS: NONE

	COUNTY	STATE AVE	7 CO AVE	RANK
C. INFANT MORTALITY RATE (1975-79)	21.6	13.5	17.9	1
D. INFANT DEATHS (1977-80) /1000	9.9	11.6	13.8	6
E. LOW BIRTH WT (1977-80)/1000	44.7	58.3	49.7	5
F. PERCENT BELOW POVERTY (1977)	14.0	15.3	17.85	5
G. ADC RECIPIENTS, MONTHLY 1981 PER 100,000	.64	9.0	6.4	7
H. MEDICAID RECIPIENTS, MONTHLY 1981/ 100,000	7.2	24.9	13.7	6
I. WOMEN 15-45/1000	18.1	20.0	19.4	7
J. % POPULATION > 62 YEARS OF AGE	13.7	13.3	12.2	4
K. GENERAL FERTILITY RATE	69.2	90.0	98.1	7

	COUNTY	STATE AVE	RECOMMENDED STANDARD
K. PHYSICIAN/ POPULATION RATIO	1/2700	1/750	1/2500

SERVICE DATA:

A. LICENSED PHYSICIANS	<u>1</u>			
B. ACTIVE LICENSED NURSES: RN'S	<u>22</u>			
LPN'S	<u>7</u>			
PHN'S	<u>1</u>			
C. DENTAL PRACTICES: FULL-TIME	<u>1</u>			
D. HOSPITALS: MC CONE COUNTY HOSPITAL (CIRCLE), 20 BEDS				
INPATIENT ADMISSIONS	<u>574</u>			
EMERGENCY ROOM VISITS	<u>861</u>			
% OCCUPANCY	<u>30.1%</u>			
SURGICAL PROCEDURES INP/OUTPT	<u>90/ 0</u>			
E. NURSING HOMES: MC CONE COUNTY NURSING HOME (CIRCLE), 26 SKILLED BEDS, 14 INTERMEDIATE BEDS.				
# OF BED DAYS	<u>8,211</u>			
% OCCUPANCY	<u>56.0%</u>			
EXPENSE/ PT DAY	<u>\$46.18</u>			
ADMISSIONS	<u>14</u>			
COUNTY	RATE/1000	STATE AVE	7 CO AVE	RANK
F. LIVE BIRTHS (1979)	<u>61</u>	22.5	17.9	20.0
G. INDUCED ABORTIONS (1981)	<u>2</u>	58.8	173.9	132.4

DATA SOURCES

MONTANA STATE HEALTH PLAN 1981-82 (SHCC)  
 MONTANA HEALTH DATA BOOK AND MEDICAL FACILITIES INVENTORY, 1980  
 DHHS UNDERSERVED DESIGNATIONS LIST  
 MCH NEEDS ASSESSMENT 1982  
 HEALTH SERVICES ASSESSMENT, 17 EASTERN MONTANA COUNTIES, 1981  
 MONTANA VITAL STATISTICS

NOTES

1. MC CONE HAS THE LOWEST NURSING HOME OCCUPANCY RATE IN THE SEVEN COUNTY AREA.
2. MC CONE RANKS IN THE TOP HALF OF THE STATE IN COMBINED HEALTH STATUS INDICATORS.



COUNTY MC CONE

PUBLIC HEALTH SERVICES

NEED:

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
A. UNEMPLOYMENT RATE 1979-81	1.76	5.98	4.98	7
B. IMMUNIZATION RATE 1981	98.4%	95.0%	97.2%	5
C. 1981 ADC RECIPIENTS/1000	.64	9.0	6.4	7
D. 1981 MEDICAID RECIPIENTS/1000	7.2	24.9	13.7	6
E. INFANT DEATHS/ 1000 LIVE BIRTHS (1977-80)	9.9	11.6	13.8	6
F. LOW BIRTH WT./1000 (1977-80)	44.7	58.3	49.7	5
G. WOMEN RECEIVING NO PRENATAL CARE/ 1000 LIVE BIRTHS (1977-80)	0	7.7	15.7	7
H. INDUCED ABORTIONS/ 1000 LIVE BIRTHS	58.8	173.9	74.9	3
I. WOMEN IN NEED OF FAMILY PLANNING / 1000 (1979)	53.9	43.9	45.6	2
J. BIRTHS TO WOMEN <19 / 1000 LIVE BIRTHS	8.8%	12.3%	14.2%	6
K. WOMEN, INFANTS & CHILDREN	AVE/MO	INCOME ELIGIBLE	% OF POP ELIGIBLE FOR WIC SERVICES	7 CO RANK
	17	130	4.8%	3

SERVICE DATA:

- A. PUBLIC CLINICS- WIC
- B. SCHOOL HEALTH PROGRAMS- SCHOOL NURSING; IMMUNIZATIONS.
- C. FAMILY PLANNING SERVICES- CLIENTS REFERRED TO GLENDALE
- D. HOME HEALTH SERVICES- HOME VISITS, HIGH RISK FOLLOW-UPS.
- E. OTHER- COMMUNITY EDUCATION.

DATA SOURCES:

MONTANA STATE HEALTH PLAN  
MCH NEEDS ASSESSMENT 1982  
17 COUNTY HEALTH SERVICES ASSESSMENT  
PERSONAL INTERVIEWS WITH COUNTY PUBLIC HEALTH NURSES

NOTES:



COUNTY MC CONE

RECREATION

NEED:

SERVICE DATA:

FEDERAL:

BEAR CREEK--CAMPING, SWINNING, FISHING, BOATING, WATER SKI

STATE: NONE

LOCAL GOVERNMENT:

TENNIS COURTS (2); BASKETBALL COURTS (1); BALL FIELDS (4); PLAYGROUND (1); OUTDOOR POOL (1); HORSESHOE PIT (2); CAMPING AREA(1); PICNIC AREA (3)

DATA SOURCES

ENERGY DEVELOPMENT IN SOUTHEASTERN MONTANA: ITS IMPACT ON OUTDOOR RECREATION, 1982

DEPT. FISH, PARKS AND WILDLIFE, LAND AND WATER CONSERVATION ASSISTANCE FUND

MONTANA RECREATION GUIDE, DEPT. FISH AND GAME, PARKS DIVISION

NOTES

1. MC CONE COUNTY HAS RECEIVED \$22,347 IN FEDERAL GRANTS FOR RECREATION.



COUNTY MC CONE

SERVICES FOR YOUTH

NEED:

	COUNTY	7 COUNTY AVERAGE	7 CO RANK
A. 1981 JUVENILE PROBATION CASELOAD/1000	10.0	9.9	4
B. 1981 CHILD ABUSE & NEGLECT REFERRALS/ 1000	4.07	6.3	4
C. DISTRICT COURT JUVENILE PROBATION CASELOAD (1978-81)	.46	1.23	3

D. STANDARDS FOR YOUTH SERVICES

	COUNTY	REC. STANDARD
DAY CARE FACILITIES	1/2,7000	1/5000

SERVICE DATA:

A. REGISTERED DAY CARE HOMES: 1

B. LICENSED DAY CARE CENTERS: 0

C. LICENSED FOSTER CARE HOMES: 2

D. RECREATION

OUTDOOR-- TENNIS COURTS (2); BASKETBALL COURTS (1); BALLFIELDS (4);  
PLAYGROUND (!); OUTDOOR POOL (1).

E. JUVENILE PROBATION CASELOAD (FY 82) 27

DATA SOURCES:

DEPT. OF INSTITUTIONS, CORRECTIONS SUPPORT BUREAU

SRS, COUNTY WELFARE DEPARTMENTS

CRIME CONTROL INDEX REPORT

SRS, REGIONAL OFFICE CHILD CARE LICENSING SPECIALISTS

NOTES

1. OF THE 27 JUVENILES, 16 WERE CLASSIFIED AS DELINQUENT OFFENSES.

2. MC CONE DOES NOT HAVE ANY DETENTION FACILITIES. NO JUVENILES WERE SENT TO DETENTION FACILITIES DURING FY 82.



COUNTY MC CONE

SERVICES FOR THE ELDERLY

NEED

- A. # OF PEOPLE > 62 YEARS OF AGE 370  
B. % CHANGE IN ELDERLY POPULATION 1970 - 1980 +4.6%  
C. % OF POPULATION > 62 YEARS OF AGE 13.7%  
D. SERVICE TO POPULATION RATIOS:

	COUNTY	RECOMMENDED STANDARD
LONG TERM CARE BEDS/1000	<u>15/1000</u>	<u>65/1000</u>
INTERMEDIATE CARE BEDS/1000	<u>6/1000</u>	<u>25/1000</u>

DATA SOURCES

U.S. CENSUS  
AREA AGENCY ON AGING  
MONTANA CENTER FOR GERONTOLOGY, MSU, BOZEMAN (GARY A. REFSLAND, DIR.)  
COUNTY AGING COORDINATOR  
SRS, COMMUNITY SERVICES

SERVICE DATA

A. UNITS OF SERVICE (DECEMBER TO MAY)

CONGREGATE MEALS	<u>56 PERSONS/ 463 MEALS</u>
HOME DELIVERED MEALS	<u>7 PERSONS/ 395 MEALS</u>
HOME CHORE SERVICES	<u>NONE</u>
TRANSPORTATION	<u>47 PERSONS/ 572 RIDES</u>
HOME HEALTH SERVICES	<u>82 PERSONS/ 442 VISITS</u>

B. SENIOR CITIZENS CENTER/S                           NO CENTER

C. FUNDING

FEDERAL	<u>\$11,430</u>
STATE	<u>736</u>
COUNTY	<u>12,507</u>
TOTAL	<u>24,673</u>

NOTES

1. COUNTY TAXES THE FULL ONE MILL LEVY FOR SENIOR CITIZENS.
2. \$24,673 EQUALS \$66.68 PER SENIOR CITIZEN. MC CONE COUNTY RANKS SIXTH IN PER COUNTY ALLOCATION FOR SENIORS.



COUNTY POWDER RIVERCENSUS DATA

	1970	1980	%CHANGE	% OF POP	STATE AVE	7 CO RANK
TOTAL POPULATION	2,862	2,520	-11.9		13.2	7
CHILDREN UNDER 5	274	236	-13.9	9.3	8.2	5
CHILDREN UNDER 18	1,164	774	-35.5	30.7	33.3	5
WOMEN 15-45	604	528	-12.6	20.9	20.0	1
FERTILITY RATE	67.9	90.9	33.8		90.0	5
MINORITY POPULATION	38	28	-26.4	1.1	5.6	5
BLACK	1	0	-100.0	0	.2	7
SPANISH SURNAME	3	15	+500	.6	1.3	5
AMERICAN INDIAN	17	33	+194	1.3	4.7	4
PERSONS 62+	270	316	=17.0	121.5	13.3	3

DATA SOURCE

1980 U.S. CENSUS

1981 MATERNAL CHILD HEALTH STUDY, DEPT. OF HEALTH AND ENVIRONMENTAL SCIENCE

1970 CENSUS

NOTES



## COUNTY POWDER RIVER

ALCOHOL AND DRUGSNEED:

	COUNTY	STATE AVE	7 COUNTY AVE	7 CO RANK
A. PER CAPITA ALCOHOL CONSUMPTION	1972	\$29.57	\$49.23	\$44.03 6
	1976	54.24	58.61	55.80 5
	1981	50.22	57.53	63.86 4

## B. ALCOHOL PROGRAM ADMISSION RATES/1000

1978	2.8	7.3	8.1	5
1979	5.2	8.0	8.6	4
1980	3.6	6.5	7.0	4
1981	3.2	6.3	5.4	4

## C. HIGHWAY PATROL DUI SUMMONS

	TOTAL	RATE/1000	STATE AVG./1000	7 CO RANK
1979	4	1.5	2.77	6
1980	7	2.8	1.45	4
1981	9	3.6	1.7	3

## D. ALCOHOL RELATED MOTOR VEHICLE ACCIDENTS (1978-81)

	TOTAL	RATE/1000	7 CO. AVE.	7 CO RANK
ACCIDENTS	26	10.3	10.5	3
INJURIES	14	5.5	5.1	3
FATALITIES	1	.39	.8	5

## E. UNEMPLOYMENT RATE (1979-81)

	COUNTY	STATE AVE	7 COUNTY AVE	7 CO RANK
	2.52	5.98	4.98	6

DATA SOURCES

DEPT. OF INSTITUTIONS: MONTANA COMPREHENSIVE PLAN FOR ALCOHOL AND DRUG ABUSE PREVENTION, TREATMENT AND REHABILITATION; DEPT. OF REVENUE; MONTANA VITAL STATISTICS; DEPT OF JUSTICE, HIGHWAY SAFETY DIVISION; 1980 CENSUS; DEPT. OF ADMINISTRATION: STATISTICAL RESEARCH DIVISION.

SERVICE DATA

## A. PROVIDERS

OUTPATIENT: DISTRICT # 3 ALCOHOL & DRUG PROGRAM (MILES CITY) PROVIDES A COUNSELOR ONE DAY PER WEEK.

INPATIENT: NO ESTABLISHED PATTERN. DEPENDS ON CLIENT'S PREFERENCE AND ABILITY TO PAY.

## B. ACTIVITY REPORTS:

# OF FIRST ADMISSIONS TO ALCOHOL PROGRAMS DURING 1981 8

NOTES:



COUNTY POWDER RIVERCRIMINAL JUSTICENEED:

## A. 1980 CRIME INDEX REPORT

CRIME RATE per 100,000

	COUNTY	STATE AVERAGE	7 COUNTY AVE	RANK	7 CO
CRIMES AGAINST PERSONS	198.4	215.7	198.1	3	
CRIMES AGAINST PROPERTY	754.0	4462.7	2346.2	5	
TOTAL CRIMES	1388.9	7199.9	3607.1	6	

## C. PROBATION AND PAROLE CASELOADS (INCLUDES CUSTER, POWDER RIVER, GARFIELD, FALLON, CARTER, AND PART OF PRAIRIE):

	TOTAL CASELOAD	AVERAGE/MO.	RATE/1000
1978	667	55.5	27.4
1979	532	44.3	21.8
1980	560	46.6	23.0
1981	701	58.4	28.8

## D. DISTRICT COURT CASELOAD (1978-81)

	4 YEAR TOTAL	4 YEAR AVE.	RATE/ 1000	AVE CO <10,000	7 COUNTY AVERAGE	7 CO RANK
CRIMINAL CASES	40	10.0	3.96	3.22	4.58	4
DOMESTIC RELATIONS	57	14.25	8.56	7.24	8.9	5
JUVENILE PROBATION	4	1.0	.40	1.29	1.23	6
ADOPTION	7	1.75	.69	.84	.86	4
TOTAL CASES	321	80.25	31.8	34.8	34.2	5

DATA SOURCES

DEPT. OF JUSTICE: CRIME INDEX REPORT; DISTRICT COURT CASELOAD STATISTICS;  
 DEPT. OF JUSTICE: OFFENSE AND ACTIVITY REPORT (STARTING 7/1/82);  
 DEPT. OF INSTITUTIONS: PAROLE AND PROBATION CASELOAD STATISTICS.

SERVICE DATA

## A. PROVIDERS:

COUNTY SHERIFF: MILLARD LAFLAMME  
 DISTRICT COURT # 16; JUDGE ARTHUR MARTIN  
 COUNTY ATTORNEY: ROBERT BROOKS  
 JUVENILE PROBATION OFFICER/S: ERNEST BUTTS, BONNIE BRITZMAN, MARION BUTTS

NOTES



COUNTY POWDER RIVER

DOMESTIC VIOLENCE  
 (SPOUSE ABUSE, CHILD ABUSE AND NEGLECT, FAMILY DISTURBANCES)

NEED

	COUNTY	STATE AVE	7 COUNTY AVE	7 CO RANK
A. ALCOHOL ADMISSION RATE/1,000 (1978-81)	3.7	7.0	7.25	4
B. UNEMPLOYMENT RATE (1979-81)	2.52	5.98	4.98	2
C. MENTAL HEALTH ADMISSIONS 1981 RATE/1000	11.1	NA	18.12	4

	1972	1975	1979	1979 STATE AVE
D. TOTAL MARRIAGES/ RATE/1000	22/ 8.5	14/5.5	13/5.2	10.4
E. MARITAL TERMINATIONS/RATE PER 1000	2/.8	4/1.7	6/2.4	6.5

	4 YEAR AVERAGE	AVE RATE RATE/1000	7 CO. CO >10,000	7 CO AVE.	7 CO RANK
F. DISTRICT COURT DOMESTIC RELATIONS CASES (1978-81)	14.25	5.6	9.93	8.9	5

DATA SOURCES

SRS  
 SRS CHILD CARE SERVICES  
 COUNTY WELFARE SOCIAL WORKER CASELOAD REPORTS  
 CRIME INDEX, DEPT. OF JUSTICE  
 MONTANA VITAL STATISTICS, DEPT. OF HEALTH & ENVIR. SCIENCES  
 EASTERN MONTANA SPOUSE ABUSE PROGRAM.

SERVICE DATA

- A. REPORTED CASES OF SPOUSE ABUSE SEPT. 1981 - APRIL 1982 12
- B. SPOUSE ABUSE CASES/1000/MO. .68 COUNTY RANK 2
- C. CHILD ABUSE/NEGLECT REFERRALS 1981 5
- C. FOSTER CARE PLACEMENTS 0

NOTES



COUNTY POWDER RIVERMENTAL HEALTH SERVICESNEED:

COUNTY	ST AVE	7 CO AVE	RANK	7 CO
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A. 1981 PER CAPITA ALCOHOL CONSUMPTION	\$50.22	\$57.53	\$63.68	5
B. 1981 HIGHWAY PATROL DUI SUMMONS/1000	3.57	1.7	3.7	3
C. AVERAGE ALCOHOL ADMISSION RATES/1,000 (1978-81)	3.7	7.0	7.25	4
D. POPULATION CHANGE 1970-80	-11.9	13.2	14.3	7
E. UNEMPLOYMENT RATE 1979-80	2.52	5.98	4.98	6
F. 1981 JUVENILE PROBATION CASELOAD/ 1000	6.7	NA	9.9	6
G. CRIME INDEX REPORT CRIMES AGAINST PERSONS	198.4	215.7	198.1	3
CRIMES AGAINST PROPERTY	754.0	4462.7	2346.2	5
TOTAL CRIMES	1388.9	7199.9	3607.1	4
H. DOMESTIC VIOLENCE REPORTS/1000	.68	.33	1.04	2
I. 1981 CHILD ABUSE REFERRALS/ 1000	1.98	NA	6.31	5
J. DOMESTIC RELATIONS CASES (1978-81)	14.25	10.8	8.9	5
K. WARM SPRINGS ADMISSION RATE/1000 (1978-81)	0	.73	.50	7
L. PERCENT BELOW POVERTY 1977	13%	15.3	17.85	6

M. SOCIAL WORKER/ POPULATION RATIO	COUNTY	REC. STANDARD
N. MENTAL HEALTH WORKER/POP RATIO	1/12,600	1/6000
FAMILY COUNSELOR	1/12,600	1/5000
PSYCHIATRIC SOCIAL WORKER	0	1/5000
CLINICAL PSYCHOLOGIST	0	1/20,000

SERVICE DATA:

A. UNITS OF SERVICE PROVIDED:	DATA NOT AVAILABLE
B. ADMISSIONS TO CENTER:	28
C. ADMISSION RATE/1,000:11.1	7 CO RATE 18.12      7 CO RANK 4
D. CLIENT DATA	

% MALE	42.8
% FEMALE	57.2
% BELOW 18	20.6
% 18 TO 65	65.5
% OVER 65	10.3

E. WARM SPRINGS ADMISSIONS 1979-81:	NONE
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DATA SOURCES:

CENSUS; COMPREHENSIVE STATE ALCOHOL/DRUG PLAN; CRIME INDEX REPORT;  
DEPT OF INSTITUTIONS, JUVENILE PROBATION REPORTS; SRS, DOMESTIC VIOLENCE  
REPORTING SYSTEM; SRS, CHILD PROTECTION SPECIALISTS RECORDS; BIG HORN COUNTY  
HEALTH DEPARTMENT.

NOTES:



COUNTY POWDER RIVER

EMERGENCY MEDICAL SERVICES

NEED:

			7 CO	
	TOTAL	RATE/1000	7 CO AVE	RANK
1978-81 MOTOR VEHICLE ACCIDENTS	307	30.45	18.1	2
INJURY ACCIDENTS	109	10.8	6.1	2
FATAL ACCIDENTS	3	.29	.49	5
1977-79 STROKE FATALITIES	8	107.7	85.3	5
1977-79 HEART DISEASE DEATHS	20	272.2	293.5	3
1977-79 ACCIDENTAL DEATHS	1	13.3	94.1	7

SERVICE DATA:

	COUNTY	RATE/1000	7 CO AVE	7 CO	RANK
A. # OF TRIPS/YEAR	160	63.49	78.28	2	
% EMERGENCY	75%	NA	53.3	1	

B. MAJOR REASON FOR TRIP:

C. PERSONNEL:

# OF CERTIFIED EMT'S: 0  
# OF CERTIFIED FIRST RESPONDERS: 0  
# OF ADVANCED FIRST AID: 0  
ADMINISTRATIVE PERSONNEL: NONE

D. QUICK RESPONSE UNITS: 0

E. HOSPITALS USED: MILES CITY 80%

DATA SOURCES:

COUNTY AMBULANCE SERVICE TRIP REPORTS; DEPT. OF JUSTICE, HIGHWAY TRAFFIC SAFETY, MOTOR VEHICLE ACCIDENT SUMMARY REPORT; MONTANA VITAL STATISTICS, DHES, BUREAU OF RECORDS AND STATISTICS

NOTES:

1. EQUIPMENT:
  - (2) TYPE #2 VANS (1972, 1976) WITH BASIC LIFE SUPPORT SYSTEMS
  - (3) STATION WAGONS (1962, 1964, 1970)
2. POWDER RIVER HAS THE HIGHEST PERCENTAGE OF "EMERGENCY" AMBULANCE TRIPS.



COUNTY POWDER RIVERPRIMARY HEALTH SERVICESNEED:

## A. STATE OF MONTANA HEALTH STATUS INDICATOR RANKING (1976-80): 24

	COUNTY	STATE AVE	7 CO AVE	RANK
C. INFANT MORTALITY RATE (1975-79)	4.0	13.5	17.9	7
D. INFANT DEATHS (1977-80) /1000	10.5	11.6	13.8	5
E. LOW BIRTH WT (1977-80)/1000	52.6	58.3	49.7	3
F. PERCENT BELOW POVERTY (1977)	13.0	15.3	17.8	6
G. ADC RECIPIENTS, MONTHLY 1981 PER 100,000	2.0	9.0	6.4	6
H. MEDICAID RECIPIENTS, MONTHLY 1981/ 100,000	10.1	24.9	13.7	5
I. WOMEN 15-45/1000	20.9	20.0	19.4	2
J. % POPULATION > 62 YEARS OF AGE	12.5	13.3	12.2	5
K. GENERAL FERTILITY RATE	90.9	90.0	98.1	5

L. PHYSICIAN/ POPULATION RATIO	COUNTY	STATE AVE	RECOMMENDED STANDARD
	1/2500	1/750	1/2500

SERVICE DATA:

- A. LICENSED PHYSICIANS 1  
 B. ACTIVE LICENSED NURSES: RN'S 15 LPN'S 3 PHN'S 1  
 C. DENTAL PRACTICES: SPLIT 1  
 D. HOSPITALS: NONE  
 E. NURSING HOMES: POWDER RIVER NURSING HOME (BROADUS) 19 SKILLED BEDS, 21  
 INTERMEDIATE BEDS

# OF BED DAYS	<u>9,140</u>
% OCCUPANCY	<u>62.4%</u>
EXPENSE/ PT DAY	<u>\$54.53</u>
ADMISSIONS	<u>35</u>

	COUNTY	RATE/1000	STATE AVE	7 CO AVE	RANK
F. LIVE BIRTHS (1979)	45	17.8	17.9	20.0	4
G. INDUCED ABORTIONS (1981)	1	20.8	173.9	132.4	7

DATA SOURCES

MONTANA STATE HEALTH PLAN 1981-82; MONTANA HEALTH DATA BOOK AND MEDICAL FACILITIES INVENTORY, 1980; DHHS UNDERSERVED DESIGNATIONS LIST; MCH NEEDS ASSESSMENT 1982; HEALTH SERVICES ASSESSMENT, 17 EASTERN MONTANA COUNTIES, 1981; MONTANA VITAL STATISTICS

NOTES

1. POWDER RIVER RANKS IN THE TOP HALF OF MONTANA COUNTIES IN COMBINED HEALTH STATUS INDICATORS.



COUNTY POWDER RIVERPUBLIC HEALTH SERVICESNEED:

	COUNTY	STATE AVE	7 COUNTY AVE	7 CO RANK
A. UNEMPLOYMENT RATE 1979-81	2.52	5.98	4.98	6
B. IMMUNIZATION RATE 1981	97.6%	95.0%	97.2%	4
C. 1981 ADC RECIPIENTS/1000	2.0	9.0	6.4	6
D. 1981 MEDICAID RECIPIENTS/ 1000	10.1	24.9	13.7	5
E. INFANT DEATHS/ 1000 LIVE BIRTHS	10.5	11.6	13.8	5
F. LOW BIRTH WT./1000 (1977-80)	52.6	58.3	49.7	3
G. WOMEN RECEIVING NO PRENATAL CARE/ 1000 LIVE BIRTHS (1977-80)	5.2	7.7	15.7	5
H. INDUCED ABORTIONS/ 1000 LIVE BIRTHS	20.8	173.9	74.9	7
I. WOMEN IN NEED OF FAMILY PLAN- NING/ 1000 (1979)	69.6	43.9	45.6	1
J. BIRTHS TO WOMEN <19/ 1000 LIVE BIRTHS	4.2%	12.3%	14.2%	7
K. WOMEN, INFANTS & CHILDREN	AVE/MO	INCOME ELIGIBLE	% OF POP ELIGIBLE FOR WIC SERVICES	7 CO RANK
	15	328	13.0%	2

SERVICE DATA:

- A. PUBLIC CLINICS- WIC; IMMUNIZATIONS
- B. SCHOOL HEALTH PROGRAMS- IMMUNIZATIONS.
- C. FAMILY PLANNING SERVICES- COUNSELING SERVICES PROVIDED ON AN OUTREACH BASIS BY CUSTER COUNTY
- D. HOME HEALTH SERVICES- HOME VISITS, HIGH RISK FOLLOW-UPS; BLOOD PRESSURE MONITORING

DATA SOURCES:

MONTANA STATE HEALTH PLAN; MCH NEEDS ASSESSMENT 1982; 17 COUNTY HEALTH SERVICES ASSESSMENT; PERSONAL INTERVIEW WITH PUBLIC HEALTH NURSE

NOTES:



COUNTY POWDER RIVERSERVICES FOR YOUTHNEED:

- A. 1981 JUVENILE POBATION  
CASELOAD/ 1000  
B. CHILD ABUSE AND NEGLECT  
REFERRALS/1000 (1981)  
C. DISTRICT COURT JUVENILE  
PROBATION CASELOAD (1978-81)

COUNTY	7 COUNTY AVERAGE	7 CO RANK
6.7	9.9	6
1.98	6.3	5
.40	1.23	6

- D. STANDARDS FOR YOUTH SERVICES

DAY CARE FACILITIES

COUNTY	REC. STANDARD
NONE	1/5000

SERVICE DATA:

- A. REGISTERED DAY CARE HOMES: NONE  
B. LICENSED DAY CARE CENTERS: NONE  
C. LICENSED FOSTER CARE HOMES: 1  
D. RECREATION  
OUTDOOR--MULTI-PURPOSE COURTS (2); BALLFIELDS (2); PLAYGROUND (1);  
OUTDOOR POOLS (2); OUTDOOR ICE RINK (1)  
E. 1981 JUVENILE PROBATION CASELOAD 17

DATA SOURCES:

DEPT. OF INSTITUTIONS, CORRECTIONS SUPPORT BUREAU  
SRS, COUNTY WELFARE DEPARTMENTS  
CRIME CONTROL INDEX REPORT  
SRS, REGIONAL OFFICE CHILD CARE LICENSING SPECIALISTS

NOTES

1. NONE OF THE 17 JUVENILE PROBATION CASES WERE SENT TO DETENTION FACILITIES.



COUNTY POWDER RIVER

SERVICES FOR THE ELDERLY

NEED

- A. # OF PEOPLE > 62 YEARS OF AGE 316  
B. % CHANGE IN ELDERLY POPULATION 1970 - 1980 +17.0%  
C. % OF POPULATION > 62 YEARS OF AGE 12.5% 7 CO RANK 5  
D. SERVICE TO POPULATION RATIOS:

	COUNTY	RECOMMENDED STANDARD
LONG TERM CARE BEDS/1000	16/1000	65/1000
INTERMEDIATE CARE BEDS/1000	8/1000	25/1000

DATA SOURCES

U.S. CENSUS  
AREA AGENCY ON AGING  
MONTANA CENTER FOR GERONTOLOGY, MSU, BOZEMAN (GARY A. REFSLAND, DIR.)  
COUNTY AGING COORDINATOR  
SRS, COMMUNITY SERVICES

SERVICE DATA

A. UNITS OF SERVICE (DECEMBER TO MAY)

CONGREGATE MEALS	<u>18 PERSONS / 256 MEALS</u>
HOME DELIVERED MEALS	<u>25 PERSONS / 1141 MEALS</u>
HOME CHORE SERVICES	<u>NONE</u>
TRANSPORTATION	<u>FUNDED BY DEPT. OF COMM.</u>
HOME HEALTH SERVICES	<u>32 PERSONS / 423 VISITS</u>

B. SENIOR CITIZENS CENTER/S: NO CENTER

C. FUNDING

FEDERAL	\$13,163
STATE	588
COUNTY	<u>14,393</u>
TOTAL	\$28,144

NOTES

1. \$28,144 EQUALS \$89.06/ PERSON > 62 YEARS OF AGE. POWDER RIVER HAS THE THIRD HIGHEST PER CAPITA ALLOCATION AMONG THE DESIGNATED COUNTIES.



COUNTY POWDER RIVER

RECREATION

NEED:

SERVICE DATA:

FEDERAL:

COW CREEK--PICNIC, CAMP, FISHING  
HOLIDAY SPRING--PICNIC  
RED SHALE-- PICNIC, CAMPING, HIKING

STATE:

BROADUS REST AREA--EXHIBITS

LOCAL GOVERNMENT:

MULTI-PURPOSE COURTS (2); BALL FIELDS (2); PLAYGROUND (1); OUTDOOR POOLS (2); OUTDOOR ICE RINK (1); HORSESHOE SITE (1); SHOOTING RANGE (1); PICNIC AREAS (1)

DATA SOURCES

ENERGY DEVELOPMENT IN SOUTHEASTERN MONTANA: ITS IMPACT ON OUTDOOR RECREATION, 1982

DEPT. FISH, PARKS AND WILDLIFE, LAND AND WATER CONSERVATION ASSISTANCE FUND

MONTANA RECREATION GUIDE, DEPT. FISH AND GAME, PARKS DIVISION

NOTES

1. POWDER RIVER HAS RECEIVED \$19,300 IN FEDERAL GRANTS FOR RECREATION FACILITIES.



COUNTY ROSEBUD

RECREATION

NEED:

SERVICE DATA:

FEDERAL:

POKER JIM BUTTE (CUSTER)--PICNIC  
CRAZY HEAD SPRINGS (NORTHERN CHEYENNE)--PICNIC, CAMPING, SWIMMING, FISHING  
GREEN LEAF (N.CHEYENNE)--PICNIC  
LOST LEG: (N. CHEYENNE)--PICNIC

STATE:

EAST ROSEBUD  
FAR WEST  
WEST ROSEBUD  
FURSYTH REST AREA

LOCAL GOVERNMENT:

TENNIS COURTS (9); BASKETBALL COURTS (3); BALLFIELDS (8); OUTDOOR POOLS(2);  
OUTDOOR ICE RINKS (3); HORSESHOESITES (1); GOLF COURSE (1); PAVILLIONS (1);  
PICNIC AREAS (3A).

DATA SOURCES:

ENERGY DEVELOPMENT IN SOUTHEASTERN MONTANA: ITS IMPACT ON OUTDOOR  
RECREATION, 1982; DEPT OF FISH, PARKS & WILDLIFE, LAND & WATER CONSERVATION  
ASSISTANCE FUND; MONTANA RECREATION GUIDE

NOTES

1. PRIVATE RECREATION FACILITIES INCLUDE A ROD & GUN CLUB IN COLSTRIP, AND  
TENNIS COURTS OWNED BY BECHTEL CORPORATION.
2. ROSEBUD HAS RECEIVED \$1,237,900 IN FEDERAL GRANTS FOR RECREATION.



COUNTY ROSEBUDCENSUS DATA

	1970	1980	% CHANGE	% OF POP	STATE AVE	RANK
TOTAL POPULATION	6032	9899	64.1		13.2	1
CHILDREN UNDER 5	609	1143	87.7	11.5	8.2	1
CHILDREN UNDER 18	2391	3681	53.9	37.1	33.3	1
WOMEN 15-45	1132	1820	60.7	18.3	20.0	6
FERTILITY RATE	146.6	116.5	-20.7		90.0	2
MINORITY POPULATION	1828	2522	42.1	25.4	5.6	2
BLACK	3	8	166.0	.08	.2	1
SPANISH SURNAME	5	157	3040.0	1.5	1.3	3
AMERICAN INDIAN	1820	2433	33.6	24.5	4.7	2
PERSONS 62+	732	770	5.2	7.7	13.3	7

DATA SOURCE

1980 U.S. CENSUS; 1970 CENSUS; 1981 MATERNAL & CHILD HEALTH STUDY

NOTES

1. THE COUNTY POPULATION HAS FLUCTUATED SIGNIFICANTLY DURING THE 1970-80 PERIOD BECAUSE OF THE CONSTRUCTION ACTIVITY IN COLSTRIP.
2. ROSEBUD COUNTY HAS THE LOWEST SENIOR CITIZENS POPULATION OF ANY OF THE SEVEN DESIGNATED COUNTIES.



COUNTY ROSEBUDALCOHOL AND DRUGSNEED:

	COUNTY	STATE AVE	7 CO. AVE	RANK
A. PER CAPITA ALCOHOL CONSUMPTION				
1972	\$54.55	\$49.23	\$44.03	7
1976	64.58	58.61	55.80	5
1981	73.00	57.53	63.86	6
B. ALCOHOL PROGRAM ADMISSION RATES/1000				
1978	25.9	7.3	8.1	7
1979	18.6	8.0	8.6	7
1980	18.4	6.5	7.0	7
1981	13.0	6.3	5.4	7
C. HIGHWAY PATROL DUI SUMMONS				
	TOTAL	RATE/1000	STATE AVG./1000	RANK
1979	22	2.2	2.77	4
1980	14	1.4	1.45	1
1981	22	2.2	1.7	3
D. ALCOHOL RELATED MOTOR VEHICLE ACCIDENTS (1978-81)				
	TOTAL	RATE/1000	7 CO. AVE.	RANK
ACCIDENTS	99	10.0	24.0	3
INJURIES	60	6.0	5.1	6
FATALITIES	13	1.3	.8	6
E. UNEMPLOYMENT RATE (1979-81)				
	COUNTY	STATE AVE	7 COUNTY AVE	RANK
	5.98	6.02	4.98	6

DATA SOURCES

DEPT. OF INSTITUTIONS, MONTANA COMPREHENSIVE PLAN FOR ALCOHOL AND DRUG ABUSE PREVENTION, TREATMENT AND REHABILITATION; DEPT. OF REVENUE: MONTANA VITAL STATISTICS; DEPT OF JUSTICE, HIGHWAY SAFETY DIVISION; CENSUS DATA; DEPT. OF ADMINISTRATION,

SERVICE DATA

## A. PROVIDERS

OUTPATIENT: DISTRICT #3 ALCOHOL & DRUG PROGRAM (MILES CITY) HAS SATELLITE OFFICES IN FURSYTH AND COLSTRIP, EACH WITH ONE COUNSELOR.

INPATIENT: NO PATTERN ESTABLISHED. REFERRAL DEPENDS ON CLIENT PREFERENCE AND ABILITY TO PAY.

## • ACTIVITY REPORTS:

# OF FIRST ADMISSIONS TO ALCOHOL PROGRAMS DURING 1981 129

NOTES:

1. THE COAL BOARD PROVIDES FUNDING FOR THE COLSTRIP COUNSELOR.
2. FURSYTH COUNSELOR CURRENTLY CARRYING A CASELOAD OF ABOUT 60 CLIENTS COMPARED TO A DEPARTMENT OF INSTITUTIONS RECOMMENDATION OF 20 CLIENTS/ COUNSELOR.



COUNTY ROSEBUD

CRIMINAL JUSTICE

NEED:

A. 1980 CRIME INDEX REPORT

CRIME RATE per 100,000

	COUNTY	STATE AVERAGE	7 COUNTY AVE	RANK
CRIMES AGAINST PERSONS	177.5	215.7	198.1	4
CRIMES AGAINST PROPERTY	3066.0	4462.7	2346.2	6
TOTAL CRIMES	4970.1	7199.9	3607.1	6

C. PROBATION AND PAROLE CASELOADS:

	TOTAL CASELOAD	AVERAGE/MO.	RATE/1000
1978	806	67.3	37.14
1979	869	72.4	39.6
1980	1030	85.8	47.03
1981	1069	89.1	46.88

D. DISTRICT COURT CASELOAD (1978-81)

	4 YEAR TOTAL	4 YEAR AVERAGE	RATE/ 1000	AVE CO <10,000	7 CO AVE.	7 CO RANK
CRIMINAL CASES	185	46.25	4.67	3.22	4.58	5
DOMESTIC RELATIONS	345	86.25	8.7	7.24	8.9	6
JUVENILE PROBATION	57	14.25	1.44	1.29	1.23	6
ADOPTION	46	11.25	1.14	.86	.86	6
TOTAL CASES	1310	327.5	33.1	34.8	34.2	4

DATA SOURCES

DEPT. OF JUSTICE: CRIME INDEX REPORT; DISTRICT COURT CASELOAD STATISTICS;  
DEPT. OF JUSTICE: OFFENSE AND ACTIVITY REPORT (STARTING 7/1/82);  
DEPT. OF INSTITUTIONS: PAROLE AND PROBATION CASELOAD STATISTICS.

SERVICE DATA

A. PROVIDERS:

COUNTY SHERIFF: ROBERT ASH

FORCE: 22 DEPUTIES

DISTRICT COURT #16: JUDGE ARTHUR MARTIN (MILES CITY)

COUNTY ATTORNEY: JOHN FORSYTHE

JUVENILE PROBATION OFFICER/S: KEN NYGAARD (FORSYTH)

NOTES



COUNTY ROSEBUD

DOMESTIC VIOLENCE  
 (SPOUSE ABUSE, CHILD ABUSE AND NEGLECT, FAMILY DISTURBANCES)

NEED

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
A. ALCOHOL ADMISSION RATE/1,000 (1978-81)	15.97	7.0	7.25	1
B. UNEMPLOYMENT RATE (1979-81)	5.98	6.02	4.98	2
C. MENTAL HEALTH ADMISSIONS 1981	19.5	NA	18.12	2

	1972	1975	1979	1979 STATE AVE
D. TOTAL MARRIAGES/ RATE/1000	52/8.3	68/7.9	78/8.0	10.4
E. MARITAL TERMINATIONS/RATE PER 1000	25/4.0	50/5.8	39/4.0	6.5

	4 YEAR AVERAGE	RATE/ 1000	AVE RATE/ CO <10,000	7 CO AVE.	7 CO RANK
F. DISTRICT COURT DOMESTIC RELATIONS CASES (1978-81)	86.25	8.7	7.24	8.9	2

DATA SOURCES

SRS

SRS CHILD CARE SERVICES

COUNTY WELFARE SOCIAL WORKER CASELOAD REPORTS

CRIME INDEX, DEPT. OF JUSTICE

MONTANA VITAL STATISTICS, DEPT. OF HEALTH &amp; ENVIR. SCIENCES

EASTERN MONTANA SPOUSE ABUSE PROGRAM.

SERVICE DATAA. REPORTED CASES OF SPOUSE ABUSE SEPT. 1981 - APRIL 1982 21B. SPOUSE ABUSE CASES/1000/MO .28 COUNTY RANK 5

C. 1981 CHILD ABUSE &amp; NEGLECT REFERRALS: DATA NOT AVAILABLE

C. 1981 FOSTER CARE PLACEMENTS: DATA NOT AVAILABLE

NOTES

1. SPOUSE ABUSE SUPPORT GROUP HAS BEEN ESTABLISHED IN COLSTRIP THROUGH THE SOCIAL WORKER.



COUNTY ROSEBUDMENTAL HEALTH SERVICESNEED:

COUNTY	ST AVE	7 CO AVE	RANK	7 CO
A. 1981 PER CAPITA ALCOHOL CONSUMPTION	\$73.00	\$57.53	\$63.68	2
B. 1981 HIGHWAY PATROL DUI SUMMONS/1000	2.2	1.7	3.7	5
C. AVERAGE ALCOHOL ADMISSION RATES/1,000 (1978-81)	15.97	7.0	7.25	1
D. POPULATION CHANGE 1970-80	64.1	13.2	14.3	1
E. UNEMPLOYMENT RATE 1979-80	5.98	6.0	4.98	2
F. 1981 JUVENILE PROBATION CASELOAD/1000	13.5	NA	9.9	2
G. CRIME INDEX REPORT				
CRIMES AGAINST PERSONS	177.5	215.7	198.1	4
CRIMES AGAINST PROPERTY	3066.0	4462.7	2346.2	2
TOTAL CRIMES	4970.1	7199.9	3607.1	2
H. DOMESTIC VIOLENCE REPORTS/1000	.28	NA	1.04	3
I. 1981 CHILD ABUSE & NEGLECT REFERRALS/1000				
J. DOMESTIC RELATIONS CASES (1978-81)	DATA NOT AVAILABLE			
K. WARM SPRINGS ADMISSION RATE/1000 (1978-81)	8.7	10.8	8.9	6
L. % BELOW POVERTY (1977)	.42	.73	.50	5
	26.0	15.3	17.85	1
M. SOCIAL WORKER/ POPULATION RATIO				
N. MENTAL HEALTH WORKER/POP RATIO				
FAMILY COUNSELOR	1/3900		1/6000	
PSYCHIATRIC SOCIAL WORKER	1/11,500		1/5000	
CLINICAL PSYCHOLOGIST	0		1/5000	
	1/11,500		1/20,000	

SERVICE DATA:

A. UNITS OF SERVICE PROVIDED (1ST THREE QTRS FY '82):			
OUTPATIENT: 1340 HOURS			
INPATIENT: 24 HOURS			
DAY TREATMENT: 159 HOURS			
EMERGENCY: 280 HOURS			
CONSULTATION & EDUCATION: 176			
B. ADMISSIONS TO CENTER	194		
C. ADMISSION RATE/1,000	19.5	7 CO RATE 18.12	7 CO RANK 2
D. CLIENT DATA			
% MALE	42.2		
% FEMALE	57.8		
% BELOW 18	27.8		
% 18 TO 65	70.6		
% OVER 65	.5		
F. WARM SPRINGS ADMISSIONS 1981:	6		

DATA SOURCES:

CENSUS; COMPREHENSIVE STATE ALCOHOL/DRUG PLAN; CRIME INDEX REPORT; DEPT OF INSTITUTIONS, JUVENILE PROBATION REPORTS; SRS, DOMESTIC VIOLENCE REPORTING SYSTEM; SRS, CHILD PROTECTION SPECIALISTS RECORDS; DEPT OF INSTITUTIONS, ADMISSIONS & READMISSIONS BY COUNTY (WARM SPRINGS)

NOTES:



1. PROVIDER/ POPULATION RATIOS CALCULATED USING POPULATION ESTIMATE OF 11,567 WHICH DOES NOT INCLUDE THE NORTHERN CHEYENNE INDIAN RESERVATION.



COUNTY ROSEBUDEMERGENCY MEDICAL SERVICESNEED:

	TOTAL	RATE/1000	7 CO AVE	7 CO RANK
1978-81 MOTOR VEHICLE ACCIDENTS	731	18.45	18.1	6
INJURY ACCIDENTS	272	6.8	6.1	4
FATAL ACCIDENTS	20	.50	.49	4
1977-79 STROKE FATALITIES	11	37.0	85.3	7
1977-79 HEART DISEASE DEATHS	52	173.4	293.5	7
1977-79 ACCIDENTAL DEATHS	41	136.0	94.1	1

SERVICE DATA:

A.	COUNTY	RATE/1000	7 CO AVE	7 CO RANK
# OF TRIPS/YEAR	500	50.5	78.28	4
% EMERGENCY	65%	NA	53.3	2

B. MAJOR REASON FOR TRIP: MOTOR VEHICLE ACCIDENT--40%  
WORK ACCIDENT--25%

## C. PERSONNEL:

# OF CERTIFIED EMT'S: 10

# OF CERTIFIED FIRST RESPONDERS: 0

# OF ADVANCED FIRST AID: 14

ADMINISTRATIVE PERSONNEL: FULL-TIME DIRECTOR FOR ROSEBUD COUNTY AMBULANCE SERVICE.

## D. QUICK RESPONSE UNITS: 0

E. HOSPITALS USED:	<u>ROSEBUD AMBULANCE</u>	<u>COLSTRIP AMBULANCE</u>
	BILLINGS 75%	BILLINGS 50%
	MILES CITY 25%	MILES CITY 30%
		ROSEBUD COMMUNITY 20%

DATA SOURCES:

COUNTY AMBULANCE SERVICE TRIP REPORTS; DEPT.OF JUSTICE, HIGHWAY TRAFFIC SAFETY, MOTOR VEHICLE ACCIDENT SUMMARY; MONTANA VITAL STATISTICS

NOTES:

1. COLSTRIP AMBULANCE SERVICE PRIVATELY OWNED.
2. COLSTRIP POLICE HAVE EMT TRAINING.
3. ROSEBUD AMBULANCE OPERATED BY THE COUNTY.
4. EQUIPMENT:

## ROSEBUD COUNTY AMBULANCE:

(1) TYPE I CHEVY MODULAR (1976) WITH BASIC LIFE SUPPORT SYSTEM.

(1) TYPE II (1975), WITH BASIC LIFE SUPPORT SYSTEM.  
ATTENDANTS USE PAGERS.

## COLSTRIP AMBULANCE:

(1) TYPE II MODULAR, WITRH BASIC LIFE SUPPORT.

(1) VAN, WITH BASIC LIFE SUPPORT.

ATTENDANTS CONTACTED BY PAGER SYSTEM THROUGH THE POLICE DEPARTMENT. DISPATCHER CONTACTS PHYSICIAN.



COUNTY ROSEBUDPRIMARY HEALTH SERVICESNEED:

- A. MONTANA HEALTH STATUS INDICATOR RANKING 1976-80: 50  
 B. DHHS MEDICALLY UNDERSERVED DESIGNATIONS: PRIORITY LEVEL 1

	COUNTY	STATE AVE	7 CO AVE	7 CO RANK
C. INFANT MORTALITY RATE (1975-79)	16.7	13.5	17.9	4
D. INFANT DEATHS (1977-80) /1000	15.7	11.6	13.8	3
E. LOW BIRTH WT (1977-80)/1000	58.5	58.3	49.7	2
F. PERCENT BELOW POVERTY (1977)	26.0	15.3	17.8	1
G. ADC RECIPIENTS, MONTHLY 1981 PER 100,000	12.1	9.0	6.4	2
H. MEDICAID RECIPIENTS, MONTHLY 1981/ 100,000	12.1	24.9	13.7	4
I. WOMEN 15-45/1000	18.3	20.0	19.4	6
J. % POPULATION > 62 YEARS OF AGE	7.7	13.3	12.2	7
K. GENERAL FERTILITY RATE	116.5	90.0	98.1	2

	COUNTY	STATE AVE	RECOMMENDED STANDARD
K. PHYSICIAN/ POPULATION RATIO	1/2300	1/750	1/2500

SERVICE DATA:

A. LICENSED PHYSICIANS	<u>5</u>							
B. ACTIVE LICENSED NURSES: RN'S	<u>48</u>	LPN'S	<u>28</u>	PHN'S	<u>1</u>			
C. DENTAL PRACTICES: FULL-TIME	<u>5</u>							
D. HOSPITALS: ROSEBUD COMMUNITY HOSPITAL (FORSYTH), 18 BEDS								
INPATIENT ADMISSIONS		<u>334</u>						
EMERGENCY ROOM VISITS		<u>571</u>						
% OCCUPANCY		<u>20.9%</u>						
SURGICAL PROCEDURES INP/OUTPT		<u>8/4</u>						
E. NURSING HOMES: ROSEBUD COMMUNITY NURSING HOME (FORSYTH), 39 SKILLED BEDS AND 8 INTERMEDIATE CARE BEDS								
# OF BED DAYS		<u>14,274</u>						
% OCCUPANCY		<u>82.9%</u>						
EXPENSE/ PT DAY		<u>\$12.08</u>						
ADMISSIONS		<u>31</u>						
F. LIVE BIRTHS (1979)	<u>228</u>	STATE AVE	<u>17.9</u>	7 CO AVE	<u>20.0</u>	RANK	<u>1</u>	
G. INDUCED ABORTIONS (1981)	<u>21</u>		<u>99.0</u>		<u>173.9</u>		<u>132.4</u>	<u>2</u>

DATA SOURCES

MONTANA STATE HEALTH PLAN 1981-82 (SHCC); MONTANA HEALTH DATA BOOK AND MEDICAL FACILITIES INVENTORY, 1980; DHHS UNDERSERVED DESIGNATIONS LIST 1982; MCH NEEDS ASSESSMENT 1982; HEALTH SERVICES ASSESSMENT, 17 EASTERN MONTANA COUNTIES, 1981. MONTANA VITAL STATISTICS

NOTES

1. PHYSICIAN RATIO IS CALCULATED USING A 1982 POPULATION ESTIMATE OF 14,000 FOR ROSEBUD COUNTY. THIS RATE WILL CHANGE LATER THIS YEAR AS CONSTRUCTION ACTIVITY DECREASES.



COUNTY ROSEBUD

PUBLIC HEALTH SERVICES

NEED:

				7 CO
	COUNTY	STATE AVE	7 COUNTY AVE	RANK
A. UNEMPLOYMENT RATE 1979-81	5.98	6.02	4.98	6
B. IMMUNIZATION RATE 1981	92.0%	95.0%	97.2%	7
C. 1981 ADC RECIPIENTS/1000	12.1	9.0	6.4	2
D. 1981 MEDICAID RECIPIENTS/1000	12.1	24.9	13.7	4
E. INFANT DEATHS/ 1000 LIVE BIRTHS	15.7	11.6	13.8	3
F. LOW BIRTH WT. (1977-80)/1000	58.5	58.3	49.7	2
G. WOMEN RECEIVING NO PRENATAL CARE/ 1000 LIVE BIRTHS (1977-80)	21.3	7.7	15.7	3
H. INDUCED ABORTIONS/ 1000 LIVE BIRTHS	99.0	173.9	74.9	2
I. WOMEN IN NEED OF FAMILY PLANNING/1000 (1979)	28.6	43.9	45.6	6
J. BIRTHS TO WOMEN <19 / 1000 LIVE BIRTHS	10.4%	12.3%	14.2%	5
K. WOMEN, INFANTS & CHILDREN	AVE/MO	INCOME ELIGIBLE	% OF POP ELIGIBLE FOR WIC SERVICES	RANK
	260	593	4.2	6

SERVICE DATA:

- A. PUBLIC CLINICS- WELL CHILD; WIC; IMMUNIZATIONS.
- B. SCHOOL HEALTH PROGRAMS- PRE-SCHOOL SCREENING
- C. FAMILY PLANNING SERVICES- COUNSELING SERVICES PROVIDED ON AN OUTREACH BASIS BY CUSTER COUNTY.
- D. HOME HEALTH SERVICES- HOME VISITS.
- E. OTHER- PRE-NATAL CLASSES; COMMUNITY EDUCATION; HIGH RISK FOLLOW-UPS; PARENTING CLASSES.

DATA SOURCES:

MONTANA STATE HEALTH PLAN; 1982 MCH NEEDS ASSESSMENT; 17 COUNTY EASTERN MONTANA HEALTH SERVICES ASSESSMENT; INTERVIEWS WITH PUBLIC HEALTH NURSES.

NOTES:

1. WIC, ADC AND MEDICAID STATISTICS INCLUDE THE NORTHERN CHEYENNE INDIAN RESERVATION WHICH HAS A HIGH PERCENTAGE OF LOW INCOME FAMILIES.



COUNTY ROSEBUD

SERVICES FOR YOUTH

NEED:

	7 COUNTY	7 CO	
	COUNTY	AVERAGE	RANK
A. 1981 JUVENILE PROBATION CASELOAD/ 1000	13.5	9.9	2
B. 1981 CHILD ABUSE & NEGLECT REFERRALS/ 1000		DATA NOT AVAILABLE	
C. DISTRICT COURT JUVENILE PROBATION CASELOAD (1978-81)	1.44	1,23	6

D. STANDARDS FOR YOUTH SERVICES

DAY CARE FACILITIES

	COUNTY	REC. STANDARD
	1/11,000	1/5000

SERVICE DATA:

- A. REGISTERED DAY CARE HOMES: NONE
- B. LICENSED DAY CARE CENTERS: 4 LICENSED FOR 80 CHILDREN
- C. LICENSED FOSTER CARE HOMES: 21
- D. RECREATION  
INDOOR  
OUTDOOR-- TENNIS COURTS(9); BASKETBALL COURTS (3); OUTDOOR POOLS (2);  
PLAYGROUNDS (12); OUTDOOR ICE RINKS (3); GOLF COURSE (1).
- E. 1981 JUVENILE PROBATION CASELOAD 134

DATA SOURCES:

DEPT. OF INSTITUTIONS, CORRECTIONS SUPPORT BUREAU  
SRS, COUNTY WELFARE DEPARTMENTS  
CRIME CONTROL INDEX REPORT  
SRS, REGIONAL OFFICE CHILD CARE LICENSING SPECIALISTS

NOTES

1. MORE FOSTER CARE HOMES NEEDED, PARTICULARLY FOR TEENAGERS BECAUSE OF RESERVATION.
2. ONE UNLICENSED DAY CARE CENTER IN FORSYTH OPERATED BY A CHURCH.



COUNTY ROSEBUD

SERVICES FOR THE ELDERLY

NEED

- A. # OF PEOPLE > 62 YEARS OF AGE 770  
B. % CHANGE IN ELDERLY POPULATION 1970 - 1980 +5.2%  
C. % OF POPULATION > 62 YEARS OF AGE 7.7%  
D. SERVICE TO POPULATION RATIOS:

	COUNTY	RECOMMENDED STANDARD
LONG TERM CARE BEDS/1000	<u>3.3/1000</u>	<u>65/1000</u>
INTERMEDIATE CARE BEDS/1000	<u>.57/1000</u>	<u>25/1000</u>

DATA SOURCES

U.S. CENSUS; SUNLITE DEVELOPMENT CORPORATION; AREA AGENCY ON AGING; MONTANA CENTER FOR GERONTOLOGY, MONTANA STATE UNIVERSITY; SRS COMMUNITY SERVICES.

SERVICE DATA

A. UNITS OF SERVICE (DECEMBER TO MAY)

CONGREGATE MEALS	<u>171 PERSONS/3424 MEALS</u>
HOME DELIVERED MEALS	<u>53 PERSONS/ 555 MEALS</u>
HOME CHORE SERVICES	<u>PROVIDED BY PHN</u>
TRANSPORTATION	<u>84 PERSONS/ 995 RIDES</u>
HOME HEALTH SERVICES	<u>PROVIDED BY PHN</u>

B. SENIOR CITIZENS CENTER/S: ASHLAND-- ONE DAY/WEEK

FORSYTH--EVERYDAY  
ROSEBUD-- ONE DAY/ WEEK

C. FUNDING

FEDERAL	\$23,739
STATE	0
COUNTY	<u>37,902</u>
TOTAL	\$61,641

NOTES

1. COUNTY AGING COORDINATOR IS A FULL TIME STAFF POSITION.
2. IN FORSYTH, THE SENIORS DELIVER THE MEALS-ON-WHEELS.
3. \$61,641 EQUALS \$80.05 PER PERSON 62 YEARS OF AGE OR OLDER.



COUNTY TREASURE

CRIMINAL JUSTICE

NEED:

- A. 1980 CRIME INDEX REPORT (NO REPORT FOR TREASURE COUNTY IN 1980)  
B. PROBATION AND PAROLE CASELOADS (INCLUDES ROSEBUD AND BIG HORN COUNTIES):

	TOTAL CASELOAD	AVERAGE/MO.	RATE/1000
1978	806	67.6	37.14
1979	869	73.4	39.6
1980	1030	85.8	47.03
1981	1069	89.1	46.88

D. DISTRICT COURT CASELOAD (1978-81)

	4 YEAR TOTAL	4 YEAR AVERAGE	RATE/ 1,000	AVE CO <10,000	7 CO AVE.	7 CO RANK
CRIMINAL CASES	17	4.25	4.76	3.22	4.58	2
DOMESTIC RELATIONS	27	6.75	7.57	7.24	8.9	4
JUVENILE PROBATION	1	.25	.28	1.29	1.23	7
ADOPTION	2	.50	.56	.86	.86	5
TOTAL CASES	125	31.25	35.1	34.8	34.2	3

DATA SOURCES

DEPT. OF JUSTICE: CRIME INDEX REPORT; DISTRICT COURT CASELOAD STATISTICS;  
DEPT. OF INSTITUTIONS: PAROLE AND PROBATION CASELOAD STATISTICS.

SERVICE DATA

A. PROVIDERS:

COUNTY SHERIFF: GARY FJELSTAD  
POLICE CHIEF: ROBERT SHOEMAKER  
DISTRICT COURT # 13; JUDGES-WM. SPEARE; ROBT. WILSON; CHAS. LUEDKE  
COUNTY ATTORNEY: JAMES CARLSON  
JUVENILE PROBATION OFFICER/S: ANN BULLIS (HARDIN), 1/2 DAY PER WEEK

NOTES



COUNTY TREASUREDOMESTIC VIOLENCE

(SPOUSE ABUSE, CHILD ABUSE AND NEGLECT, FAMILY DISTURBANCES)

NEED

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
A. ALCOHOL ADMISSION RATE/1,000 (1978-81)	2.1	7.0	7.25	6
B. UNEMPLOYMENT RATE (1979-81)	3.05	5.98	4.98	5

	1972	1975	1979	1979 STATE AVE
D. TOTAL MARRIAGES/ RATE/1000	4/ 3.3	6/ 5.0	7/ 6.4	10.4
E. MARITAL TERMINATIONS/RATE PER 1000	3/ 2.5	4/ 3.3	3/ 2.7	6.5

	4 YR AVERAGE	RATE/1000	7 CO AVE	RANK
F. DISTRICT COURT DOMESTIC RELATIONS CASES (1978-81)	27	7.57	8.9	4

DATA SOURCES

SRS;  
 SRS CHILD CARE SERVICES;  
 COUNTY WELFARE SOCIAL WORKER CASELOAD REPORTS;  
 CRIME INDEX, DEPT. OF JUSTICE;  
 MONTANA VITAL STATISTICS, DEPT. OF HEALTH & ENVIR. SCIENCES;  
 EASTERN MONTANA SPOUSE ABUSE PROGRAM.

SERVICE DATA

- A. REPORTED CASES OF SPOUSE ABUSE SEPT. 1981 - APRIL 1982 0
- B. SPOUSE ABUSE CASES/1000/MO 0 COUNTY RANK 7
- C. CHILD ABUSE/NEGLECT REFERRALS 1981: NOT AVAILABLE
- C. FOSTER CARE PLACEMENTS: NOT AVAILABLE

NOTES



COUNTY TREASURE

MENTAL HEALTH SERVICES

NEED:

	COUNTY	ST AVE	7 CO AVE	RANK
A. 1981 PER CAPITA ALCOHOL CONSUMPTION	\$47.10	\$57.53	\$63.68	5
B. 1981 HIGHWAY PATROL DUI SUMMONS/1000	11.2	1.7	3.7	1
C. AVERAGE ALCOHOL ADMISSION RATES/1,000 (1978-81)	1.22	7.0	7.25	7
D. POPULATION CHANGE 1970-80	-8.3	13.2	14.3	2
E. UNEMPLOYMENT RATE 1979-80	3.05	5.98	4.98	5
F. 1981 JUVENILE PROBATION CASELOAD/ 1000	2.0	NA	9.9	7
G. CRIME INDEX REPORT (NO REPORT FOR 1980)				
H. DOMESTIC VIOLENCE REPORTS/1000	0	.33	1.04	7
I. 1981 CHILD ABUSE REFERRALS		DATA NOT AVAILABLE		
J. % BELOW POVERTY (1977)	20.0	15.3	17.85	3
K. DOMESTIC RELATIONS CASES (1978-81)	7.57	10.8	8.9	4
L. WARM SPRINGS ADMISSION RATE/1000 (1978-81)	0	.73	.50	1
M. SOCIAL WORKER/ POPULATION RATIO	COUNTY	REC. STANDARD		
N. MENTAL HEALTH WORKER/POP RATIO	1/5000	1/6000		
	NO SERVICES AVAILABLE			

SERVICE DATA:

A. WARM SPRINGS ADMISSIONS 1981: 0

DATA SOURCES:

CENSUS; COMPREHENSIVE STATE ALCOHOL/DRUG PLAN; CRIME INDEX REPORT; DEPT OF INSTITUTIONS, JUVENILE PROBATION REPORTS; SRS, DOMESTIC VIOLENCE REPORTING SYSTEM; SRS, CHILD PROTECTION SPECIALISTS RECORDS; BIG HORN COUNTY HEALTH DEPARTMENT.

NOTES:

1. SOCIAL WORKER FROM ROSEBUD COUNTY GOES TO TREASURE ONE DAY PER WEEK.
2. TREASURE COUNTY DOES NOT CONTRIBUTE TO THE EASTERN MONTANA MENTAL HEALTH CENTER AND DOES NOT RECEIVE COUNSELING SERVICES FROM THEM.



COUNTY TREASURE

EMERGENCY MEDICAL SERVICES

NEED:

	TOTAL	RATE/	STATE	7 CO	7 CO
		1,000	AVE	AVE	RANK
1978-81 MOTOR VEHICLE ACCIDENTS	148	43.2	28.39	18.1	1
INJURY ACCIDENTS	52	14.5	8.52	6.1	1
FATAL ACCIDENTS	1	.28	.34	.49	6

1977-79 STROKE FATALITIES	3	112.2	73.9	85.3	2
1977-79 HEART DISEASE DEATHS	8	299.3	303.8	293.5	4
1977-79 ACCIDENTAL DEATHS	4	109.3	74.1	94.1	3

SERVICE DATA:

A. # OF TRIPS/YEAR	7 COUNTY		7 CO	
	COUNTY	RATE/1000	RATE/1000	RANK
% EMERGENCY	36	78.28	36.6	6
	MAJORITY	NA	53.3	NA

B. MAJOR REASON FOR TRIP: ACCIDENT

C. PERSONNEL:

# OF CERTIFIED EMT'S: 1 (PHN ALSO AVAILABLE) RATE/1000 2.0  
# OF CERTIFIED FIRST RESPONDERS: 5 (FIREMEN AND POLICEMEN)  
# OF ADVANCED FIRST AID: 0  
ADMINISTRATIVE PERSONNEL: ALL VOLUNTEER

D. QUICK RESPONSE UNITS: 0

E. HOSPITALS USED: USUALLY BILLINGS

DATA SOURCES:

COUNTY AMBULANCE SERVICE TRIP REPORTS;  
DEPT. OF JUSTICE, HIGHWAY TRAFFIC SAFETY, MOTOR VEHICLE ACCIDENT SUMMARY REPORT;  
MONTANA VITAL STATISTICS, DHES, BUREAU OF RECORDS AND STATISTICS.

NOTES:

1. AMBULANCE SERVICE FUNDED BY THE COUNTY THROUGH A MILL LEVY.
2. AMBULANCE CONTACTED THROUGH POLICE OR FIRE TELEPHONE. AMBULANCE CONNECTED TO SHERIFF'S OFFICE THROUGH RADIO SYSTEM. SHERIFF CALLS HOSPITAL.
3. EQUIPMENT:
  - (1) TYPE I MODULAR TO BE PURCHASED THRU COAL BOARD GRANT.
  - (1) 4WD JEEP (1981), WITH BASIC LIFE SUPPORT SYSTEM.
  - (1) TYPE II VAN (1973), WITH BASIC LIFE SUPPORT SYSTEM.



COUNTY TREASUREPRIMARY HEALTH SERVICESNEED:

- A. MONTANA HEALTH STATUS INDICATOR RANKING 1976-80: 7  
 B. DHHS MEDICALLY UNDERSERVED DESIGNATIONS: PRIORITY LEVEL 1  
 PHYSICIANS NEEDED 1

	COUNTY	STATE AVE	7 CO AVE	RANK
C. INFANT MORTALITY RATE (1975-79)	11.4	13.5	17.9	2
D. INFANT DEATHS (1977-80) /1000	15.6	11.6	13.8	4
E. LOW BIRTH WT (1977-80)/1000	46.8	58.3	49.7	4
F. PERCENT BELOW POVERTY (1977)	20.0	15.3	17.85	3
G. ADC RECIPIENTS, MONTHLY 1981 PER 100,000	2.4	9.0	6.4	5
H. MEDICAID RECIPIENTS, MONTHLY 1981/ 100,000	7.2	24.9	13.7	6
I. % OF POPULATION WOMEN 15-45	20.9%	20.0%	19.4%	1
J. % POPULATION > 62 YEARS OF AGE	16.7	13.3	12.2	1
K. GENERAL FERTILITY RATE	101.9	90.0	98.1	3

L.	COUNTY	STATE AVE	RECOMMENDED STANDARD
PHYSICIAN/ POPULATION RATIO	1/4455	1/750	1/ 2,500

SERVICE DATA:

- A. LICENSED PHYSICIANS 1 PART TIME  
 B. ACTIVE LICENSED NURSES: RN'S 2 LPN'S 0 PHN'S 1 PART TIME  
 C. DENTAL PRACTICES: FULL-TIME NONE  
 D. HOSPITALS: NONE  
 E. NURSING HOMES: NONE

	COUNTY	RATE/1000	STATE AVE	7 CO AVE	RANK
F. LIVE BIRTHS (1979)	12	13.4	17.9	20.0	7
G. INDUCED ABORTIONS (1981)	1	47.6	173.9	132.4	6

DATA SOURCES

MONTANA STATE HEALTH PLAN 1981-82 (SHCC);  
 MONTANA HEALTH DATA BOOK AND MEDICAL FACILITIES INVENTORY, 1980;  
 DHHS UNDERSERVED DESIGNATIONS LIST;  
 MCH NEEDS ASSESSMENT 1982 (MDHES);  
 HEALTH SERVICES ASSESSMENT, 17 EASTERN MONTANA COUNTIES, 1981;  
 MONTANA VITAL STATISTICS.

NOTES

1. NO FULL TIME PHYSICIAN IN TREASURE COUNTY. A PHYSICIAN COMES IN FROM HARDIN (50 MILES AWAY) ONE DAY PER WEEK FOR GENERAL CLINIC. FORSYTH, WHICH HAS FOUR PHYSICIANS, IS 20 MILES AWAY.



COUNTY TREASUREPUBLIC HEALTH SERVICESNEED:

	COUNTY	STATE AVE	7 COUNTY AVE	RANK	7 CO
A. UNEMPLOYMENT RATE 1979-81	3.05	5.98	4.98	5	
B. IMMUNIZATION RATE 1981	100%	95.0%	97.2%	1	
C. 1981 ADC RECIPIENTS/1000	2.4	9.0	6.4	5	
D. 1981 MEDICAID RECIPEINTS / 1000	7.2	24.9	13.7	6	
E. INFANT DEATHS (1977-80)/1000 LIVE BIRTHS	15.6	11.6	13.8	4	
F. LOW BIRTH WT. (1977-80)/1000	46.8	58.3	49.7	4	
G. WOMEN RECEIVING NO PRENATAL CARE/ 1000 LIVE BIRTHS (1977-80)	15.6	7.7	15.7	4	
H. INDUCED ABORTIONS/1000 LIVE BIRTHS	47.6	173.9	74.9	6	
I. WOMEN IN NEED OF FAMILY PLAN- NING/1000 (1979)	50.9	43.9	45.6	3	
J. BIRTHS TO WOMEN <19 PER 1000 LIVE BIRTHS	19.0%	12.3%	14.2%	2	
K. WOMEN, INFANTS & CHILDREN	AVE/MO	INCOME ELIGIBLE	% OF POP ELIGIBLE FOR WIC SERVICES	7 CO RANK	
	0	48	5.3%	4	

SERVICE DATA:

- A. PUBLIC CLINICS- THROUGH ROSEBUD COUNTY.
- B. SCHOOL HEALTH PROGRAMS- SCHOOL NURSING; PRE-SCHOOL SCREENING.
- C. FAMILY PLANNING SERVICES- COUNSELING SERVICES PROVIDED ON AN OUTREACH BASIS BY CUSTER COUNTY.

DATA SOURCES:

MONTANA STATE HEALTH PLAN;  
MCH NEEDS ASSESSMENT 1982;  
17 COUNTY HEALTH SERVICES ASSESSMENT;  
PERSONAL INTERVIEWS WITH COUNTY PUBLIC HEALTH NURSES.

NOTES:



COUNTY TREASURE

SERVICES FOR THE ELDERLY

NEED

- A. # OF PEOPLE > 62 YEARS OF AGE 160  
B. % CHANGE IN ELDERLY POPULATION 1970 - 1980 +5.7%  
C. % OF POPULATION > 62 YEARS OF AGE 16.3%  
D. SERVICE TO POPULATION RATIOS:

	COUNTY	RECOMMENDED STANDARD
LONG TERM CARE BEDS/1000	0/1000	65/1000
INTERMEDIATE CARE BEDS/1000	0/1000	25/1000
DAY CARE PROVIDERS	0/1000	1/2000

DATA SOURCES

U.S. CENSUS  
AREA AGENCY ON AGING  
MONTANA CENTER FOR GERONTOLOGY, MSU, BOZEMAN (GARY A. REFSLAND, DIR.)  
COUNTY AGING COORDINATOR  
SRS, COMMUNITY SERVICES

SERVICE DATA

- A. UNITS OF SERVICE (DECEMBER TO MAY)
- |                      |                         |
|----------------------|-------------------------|
| CONGREGATE MEALS     | 96 PERSONS/ 1,332 MEALS |
| HOME DELIVERED MEALS | 3 PERSONS/ 48 MEALS     |
| HOME CHORE SERVICES  | NONE                    |
| TRANSPORTATION       | 4 PERSONS/ 154 RIDES    |
| HOME HEALTH SERVICES | 22 PERSONS/ 60 VISITS   |
- B. SENIOR CITIZENS CENTER: 2 DAYS/ WEEK AT THE COMMUNITY CENTER
- C. FUNDING
- |         |              |
|---------|--------------|
| FEDERAL | \$10,717     |
| STATE   | 324          |
| COUNTY  | <u>6,062</u> |
| TOTAL   | \$17,103     |

NOTES

1. \$17,103 EQUALS \$106.89 PER SENIOR CITIZEN > 62 YEARS OF AGE. THIS IS THE HIGHEST PER CAPITA DISTRIBUTION IN THE SEVEN COUNTIES.



COUNTY TREASURE

SERVICES FOR YOUTH

NEED:

	7 COUNTY		
COUNTY	AVERAGE	7 CO RANK	
A. JUVENILE PROBATION CASELOAD/ 1000	2.0	9.9	7
B. CHILD ABUSE AND NEGLECT REFERRALS/1000 (1981)		<u>DATA NOT AVAILABLE</u>	
C. DISTRICT COURT JUVENILE PROBATION CASELOAD (1978-81)	.28	1.23	7
D. STANDARDS FOR YOUTH SERVICES			

YOUTH SPECIALIST/POPULATION  
DAY CARE FACILITIES

COUNTY	REC. STANDARD
	1/2500
NONE	1/5000

SERVICE DATA:

- A. REGISTERED DAY CARE HOMES: NONE
- B. LICENSED DAY CARE CENTERS: NONE
- C. LICENSED FOSTER CARE HOMES: 2
- D. RECREATION: TENNIS COURTS (1); BALLFIELDS (1); OUTDOOR POOL (1); OUTDOOR ICE RINK (1).
- E. 1981 JUVENILE PROBATION CASELOAD 2

DATA SOURCES:

DEPT. OF INSTITUTIONS, CORRECTIONS SUPPORT BUREAU;  
SRS, COUNTY WELFARE DEPARTMENTS;  
CRIME CONTROL INDEX REPORT;  
SRS, REGIONAL OFFICE CHILD CARE LICENSING SPECIALISTS.

NOTES

1. JUVENILE PROBATION OFFICER COMES IN FROM HARDIN APPROXIMATELY ONE-HALF DAY PER WEEK.



COUNTY TREASURE

RECREATION

SERVICE DATA:

FEDERAL: NONE

STATE:

AMELIA ISLAND--FISHING  
ISAAC HOMESTEAD WILDLIFE MANAGEMENT AREA--PICNIC  
HYSHAM REST AREA--PICNIC

LOCAL GOVERNMENT:

TENNIS COURTS (1); BALLFIELDS (1); OUTDOOR POOL (1); OUTDOOR ICE RINK (1)

DATA SOURCES

ENERGY DEVELOPMENT IN SOUTHEASTERN MONTANA: ITS IMPACT ON OUTDOOR RECREATION, 1982;  
DEPT. FISH, PARKS AND WILDLIFE, LAND AND WATER CONSERVATION ASSISTANCE FUND;  
MONTANA RECREATION GUIDE, DEPT. FISH AND GAME, PARKS DIVISION.

NOTES



COUNTY TREASURE

CENSUS DATA

	1970	1980	%CHANGE	% OF POP	STATE AVE	RANK
TOTAL POPULATION	1,069	891	-8.3		13.2	6
CHILDREN UNDER 5	89	70	-11.4	7.1	8.2	7
CHILDREN UNDER 18	407	291	-28.6	29.6	33.3	6
WOMEN 15-45	200	206	3.0	20.9	20.0	1
FERTILITY RATE	60.0	101.9	69.8		90.0	3
MINORITY POPULATION	5	23	760	2.3	5.6	3
BLACK	0	0	0	0	.2	7
SPANISH SURNAME	4	34	850	3.4	1.3	1
AMERICAN INDIAN	1	4	400	.40	4.7	5
PERSONS 62+	151	160	5.7	16.7	13.3	1

DATA SOURCE

1980 U.S. CENSUS;  
1970 CENSUS;  
1981 MATERNAL & CHILD HEALTH STUDY (MDHES)

NOTES

1. POPULATION CHANGE IN 7 COUNTY AREA 1970-1980: 14.3%



COUNTY TREASURE

ALCOHOL AND DRUGS

NEED:

A. PER CAPITA ALCOHOL CONSUMPTION	COUNTY	STATE AVE	7 COUNTY AVE	RANK
1972	\$25.52	\$49.23	\$44.03	7
1976	101.35	58.61	55.80	1
1981	47.10	57.53	63.86	3

B. ALCOHOL PROGRAM ADMISSION RATES/1000

1978	0	7.3	8.1	7
1979	.9	8.0	8.6	7
1980	2.0	6.5	7.0	6
1981	2.0	6.3	5.4	7

C. HIGHWAY PATROL DUI SUMMONS

	TOTAL	RATE/1000	STATE AVG./1000	7 CO RANK
1979	6	6.7	2.77	2
1980	3	3.3	1.45	2
1981	10	11.2	1.7	1

D. ALCOHOL RELATED MOTOR VEHICLE ACCIDENTS (1978-81)

ACCIDENTS	TOTAL	RATE/1000	7 CO. AVE.	7 CO RANK
INJURIES	8	8.9	10.5	6
FATALITIES	3	3.3	5.1	6
	0	0	.8	7

E. UNEMPLOYMENT RATE (1979-81)

COUNTY	STATE AVE	7 COUNTY AVE	RANK
	3.05	6.02	4.98

DATA SOURCES

DEPT. OF INSTITUTIONS, MONTANA COMPREHENSIVE PLAN FOR ALCOHOL AND DRUG ABUSE PREVENTION, TREATMENT AND REHABILITATION; DEPT. OF REVENUE: MONTANA VITAL STATISTICS; DEPT OF JUSTICE, HIGHWAY SAFETY DIVISION; CENSUS DATA; DEPT. OF ADMINISTRATION,

SERVICE DATA

A. PROVIDERS

OUTPATIENT: SERVICES PROVIDED BY THE DISTRICT #3 ALCOHOL COUNSELLOR IN FORTYTH.

INPATIENT: Depends on ability of client to pay, and client preference.

B. ACTIVITY REPORTS:

# OF FIRST ADMISSIONS TO ALCOHOL PROGRAMS DURING 1981 2

NOTES:

1. 1976 WAS THE PEAK CONSTRUCTION YEAR FOR COLSTRIP #1&2. TREASURE COUNTY POPULATION WAS ESTIMATED AT 1300 PEOPLE. PER CAPITA ALCOHOL CONSUMPTION WAS UNCHARACTERISTICALLY HIGH ALSO IN 1975 AND 1977 SHOWING THE GRADUAL INFLUX AND GRADUAL OUTMIGRATION OF THE CONSTRUCTION WORKERS.



CENSUS DATA

	1970	1980	% CHANGE	% OF POP	STATE AVE	RANK
TOTAL POPULATION	1,465	1,476	+.8%		13.2	4
CHILDREN UNDER 5	120	114	-5.0	7.7	8.2	6
CHILDREN UNDER 18	565	480	-14.1	32.5	33.3	4
WOMEN 15-45	253	276	6.6	18.6	20.0	5
FERTILITY RATE	94.9	87.0	-8.4		90.0	6
MINORITY POPULATION	1	4	400	.2	5.6	6
BLACK	0	0	0	0	.2	7
SPANISH SURNAME	0	0	0	0	1.3	7
AMERICAN INDIAN	1	4	400	.2	4.7	6
PERSONS 62+	223	245	9.0	16.5	13.3	1

DATA SOURCE

1980 U.S. CENSUS

1981 MATERNAL CHILD HEALTH STUDY, DEPT. OF HEALTH AND ENVIRONMENTAL SCIENCE

1970 CENSUS

NOTES

1. POPULATION CHANGE IN 7 COUNTY AREA 1970-1980: 14.3%



COUNTY WIBAUXALCOHOL AND DRUGSNEED:

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
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## A. PER CAPITA ALCOHOL CONSUMPTION

1972	\$42.76	\$49.23	\$44.03	3
1976	47.03	58.61	55.80	4
1981	85.00	57.53	63.86	1

## B. ALCOHOL PROGRAM ADMISSION RATES/1000

1978	2.7	7.3	8.1	6
1979	1.4	8.0	8.6	5
1980	1.4	6.5	7.0	7
1981	2.7	6.3	5.4	6

## C. HIGHWAY PATROL DUI SUMMONS

	TOTAL	RATE/1000	STATE AVG./1000	RANK
1979	2	1.3	2.77	7
1980	4	2.7	1.45	5
1981	5	3.4	1.7	4

## D. ALCOHOL RELATED MOTOR VEHICLE ACCIDENTS (1978-81)

	TOTAL	RATE/1000	7 CO. AVE.	RANK
ACCIDENTS	15	10.1	10.5	4
INJURIES	8	5.4	5.1	4
FATALITIES	1	0.67	.8	4

## E. UNEMPLOYMENT RATE (1979-81)

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
	3.13	5.98	4.98	4

DATA SOURCES

DEPT. OF INSTITUTIONS, MONTANA COMPREHENSIVE PLAN FOR ALCOHOL AND DRUG ABUSE PREVENTION, TREATMENT AND REHABILITATION; DEPT. OF REVENUE: MONTANA VITAL STATISTICS; DEPT OF JUSTICE, HIGHWAY SAFETY DIVISION; CENSUS DATA; DEPT. OF ADMINISTRATION,

SERVICE DATA

## A. PROVIDERS

OUTPATIENT: DISTRICT #3 ALCOHOL & DRUG PROGRAM (MILES CITY) PROVIDES A COUNSELOR ONE DAY PER WEEK, OR ON AN EMERGENCY BASIS AS NEEDED.

INPATIENT: Depends on ability of client to pay, and client preference.

## B. ACTIVITY REPORTS:

# OF FIRST ADMISSIONS TO ALCOHOL PROGRAMS DURING 1981 3

NOTES:

1. OIL WORKERS FROM THE WILLISTON BASIN AREA OF NORTH DAKOTA CROSS OVER THE BORDER REGULARLY AND DRINK IN THE WIBAUX BARS, PARTICULARLY SINCE THE NORTH DAKOTA BARS CLOSE EARLIER. THIS MAY DISTORT THE PER CAPITA ALCOHOL CONSUMPTION WHICH SHOWS WIBAUX TO HAVE THE HIGHEST CONSUMPTION RATE OF THE SEVEN COUNTIES.



COUNTY WIBAUXCRIMINAL JUSTICENEED:

## A. 1980 CRIME INDEX REPORT

	CRIME RATE per 100,000		
COUNTY	STATE AVERAGE	7 COUNTY AVE	RANK
CRIMES AGAINST PERSONS	135.5	215.7	198.1
CRIMES AGAINST PROPERTY	2100.3	4462.7	2346.2
TOTAL CRIMES	3658.5	7199.9	3607.1

## C. PROBATION AND PAROLE CASELOADS (INCLUDES THE COUNTIES OF WIBAUX, MC CONE, DAWSON, RICHLAND, AND PART OF PRAIRIE):

	TOTAL CASELOAD	AVERAGE/MO.	RATE/1000
1978	1525	127.0	23.5
1979	1130	94.1	40.75
1980	1316	109.6	47.46
1981	1643	136.9	59.25

## D. DISTRICT COURT CASELOAD (1978-81)

	4 YEAR TOTAL	4 YEAR AVERAGE	RATE/ 1,000	AVE CO <10,000	7 CO AVE.	7 CO RANK
CRIMINAL CASES	16	4	2.71	3.22	4.58	7
DOMESTIC RELATIONS	25	6.5	4.4	7.24	8.9	6
JUVENILE PROBATION	5	1.25	0.84	1.29	1.23	4
ADOPTION	7	1.75	1.18	.86	.86	1
TOTAL CASES	322	80.5	54.5	34.8	34.2	1

DATA SOURCES

DEPT. OF JUSTICE: CRIME INDEX REPORT; DISTRICT COURT CASELOAD STATISTICS;  
 DEPT. OF JUSTICE: OFFENSE AND ACTIVITY REPORT (STARTING 7/1/82);  
 DEPT. OF INSTITUTIONS: PAROLE AND PROBATION CASELOAD STATISTICS.

SERVICE DATA

## A. PROVIDERS:

COUNTY SHERIFF: ARLEIGH MEEK, JR  
 FORCE

POLICE CHIEF: GORDON SIMPSON  
 DISTRICT COURT #7; JUDGE L.C.GULBRANDSON  
 COUNTY ATTORNEY: RON EFTAYKORA

JUVENILE PROBATION OFFICER/S: CRAIG ANDERSON (SIDNEY), SCOTT WATKINS  
 (GLENDALE)

NOTES

1. PRIOR TO 1979, THE GLENDALE PAROLE AND PROBATION OFFICE INCLUDED WIBAUX, MC CONE, DAWSON, RICHLAND, PRAIRIE, VALLEY, PHILLIPS, DANIELS, ROOSEVELT AND SHERIDAN COUNTIES.



COUNTY WIBAUX

DOMESTIC VIOLENCE  
 (SPOUSE ABUSE, CHILD ABUSE AND NEGLECT, FAMILY DISTURBANCES)

NEED

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
A. ALCOHOL ADMISSION RATE/1,000 (1978-81)		2.1	7.0	7.25
B. UNEMPLOYMENT RATE (1979-81)	3.13	5.98	4.98	4
C. MENTAL HEALTH ADMISSIONS 1981	6.1	NA	18.12	6

	1972	1975	1979	1979 STATE AVE
D. TOTAL MARRIAGES/ RATE/1000	17/13.1	12/8.0	11/6.9	10.4
E. MARITAL TERMINATIONS/RATE PER 1000	3/2.3	2/1.3	3/1.9	6.5

	4 YR AVE	RATE/ 1,000	AVE RATE CO., 10,000	7 CO AVE	7 CO RANK
F. DISTRICT COURT DOMESTIC RELATIONS CASES (1978-81)	26	6.5	7.24	8.9	6

DATA SOURCES

SRS

SRS CHILD CARE SERVICES

COUNTY WELFARE SOCIAL WORKER CASELOAD REPORTS

CRIME INDEX, DEPT. OF JUSTICE

MONTANA VITAL STATISTICS, DEPT. OF HEALTH &amp; ENVIR. SCIENCES

EASTERN MONTANA SPOUSE ABUSE PROGRAM.

SERVICE DATA

- A. REPORTED CASES OF SPOUSE ABUSE SEPT. 1981 - APRIL 1982 0
- B. SPOUSE ABUSE CASES/1000/MO 0 COUNTY RANK 1
- C. CHILD ABUSE/NEGLECT REFERRALS 1981 10
- C. FOSTER CARE PLACEMENTS 5

NOTES



COUNTY WIBAUXMENTAL HEALTH SERVICESNEED:

COUNTY	ST AVE	7 CO AVE	RANK
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A. 1981 PER CAPITA ALCOHOL CONSUMPTION	\$85.00	\$57.53	\$63.68	1
B. 1981 HIGHWAY PATROL DUI SUMMONS/1000	3.4	1.7	3.7	4
C. AVERAGE ALCOHOL ADMISSION RATES/1,000 (1978-81)	2.1	7.0	7.25	6
D. POPULATION CHANGE 1970-80	.8	13.2	14.3	4
E. UNEMPLOYMENT RATE 1979-80	3.13	5.98	4.98	4
F. 1981 JUVENILE PROBATION CASELOAD/ 1000	8.8	NA	9.9	5
G. CRIME INDEX REPORT				
CRIMES AGAINST PERSONS	135.51	215.7	198.1	5
CRIMES AGAINST PROPERTY	2100.31	4462.7	2346.2	4
TOTAL CRIMES	3658.51	7199.9	3607.1	4
H. DOMESTIC VIOLENCE REPORTS/1000	0	NA	1.04	1
I. 1981 CHILD ABUSE REFERRALS/1000	6.77	NA	6.31	3
J. DOMESTIC RELATIONS CASES (1978-810	4.4	10.8	8.9	6
K. WARM SPRINGS ADMISSION RATE/1000 (1978-81)	.22	.73	.50	3
L. % OF POPULATION BELOW POVERTY (1977)	15	15.3	17.85	4

COUNTY	REC. STANDARD
1/7500	1/6000
0	1/5000
0	1/5000
1/7,500	1/20,000

SERVICE DATA:

A. UNITS OF SERVICE PROVIDED (1ST THREE QTRS FY '82):  
NO DATA AVAILABLE

B. ADMISSIONS TO CENTER: 9  
C. ADMISSION RATE/1,000: 6.1 7 CO RATE 18.12 7 CO RANK 6  
D. CLIENT DATA: NO DATA AVAILABLE  
E. WARM SPRINGS ADMISSIONS 1981: 1

DATA SOURCES:

CENSUS; COMPREHENSIVE STATE ALCOHOL/DRUG PLAN; CRIME INDEX REPORT;  
DEPT OF INSTITUTIONS, JUVENILE PROBATION REPORTS; SRS, DOMESTIC VIOLENCE  
REPORTING SYSTEM; SRS, CHILD PROTECTION SPECIALISTS RECORDS; BIG HORN COUNTY  
HEALTH DEPARTMENT.

NOTES:

1. CLINICAL PSYCHOLOGIST FROM THE EASTERN MONTANA MENTAL HEALTH CENTER AVAILABLE ONE DAY PER WEEK, OR AS NEEDED ON EMERGENCY.
2. CHILD ABUSE AND REFERRAL RANKING IS FOR FIVE COUNTIES AND DOES NOT INCLUDE ROSEBUD OR TREASURE.



COUNTY WIBAUX

EMERGENCY MEDICAL SERVICES

NEED:

	MOTOR VEHICLE ACCIDENTS	RATE/		STATE	RANK	
		TOTAL	1,000	AVE		
1978-81	INJURY ACCIDENTS	148	25.0	28.39	18.1	3
	FATAL ACCIDENTS	47	7.9	8.52	6.1	3
		6	1.0	.34	.49	1
1977-79	STROKE FATALITIES	4	90.3	73.9	85.3	3
1977-79	HEART DISEASE DEATHS	22	466.6	303.8	293.5	1
1977-79	ACCIDENTAL DEATHS	3	62.5	74.1	94.1	4

SERVICE DATA:

A.	# OF TRIPS/YEAR	RATE/		RANK	
		COUNTY	1,000		
	% EMERGENCY	75	50.8	78.28	3
		50%	NA	53.3	4

B. MAJOR REASON FOR TRIP: ACCIDENTS

C. PERSONNEL:

# OF CERTIFIED EMT'S: 0  
# OF CERTIFIED FIRST RESPONDERS: 0  
# OF ADVANCED FIRST AID: 0  
ADMINISTRATIVE PERSONNEL:

D. QUICK RESPONSE UNITS: 0

E. HOSPITALS USED: BEACH, N.D. 60%  
GLENDALE 40%

DATA SOURCES:

COUNTY AMBULANCE SERVICE TRIP REPORTS  
DEPT. OF JUSTICE, HIGHWAY TRAFFIC SAFETY, MOTOR VEHICLE ACCIDENT SUMMARY  
REPORT  
MONTANA VITAL STATISTICS, DHES, BUREAU OF RECORDS AND STATISTICS

NOTES:

1. WIBAUX COUNTY AMBULANCE SERVICE IS FUNDED BY THE COUNTY.
2. EQUIPMENT:
  - (1) TYPE I MODULAR (1979), WITH BASIC LIFE SUPPORT SYSTEM
  - (1) 4WD CHEVY SUBURBAN (1968), WITH BASIC LIFE SUPPORT SYSTEM
4. 3. RADIO COMMUNICATION BETWEEN AMBULANCE AND HOSPITALS IN BEACH, N.D. AND GLENDALE.



COUNTY WIBAUXPRIMARY HEALTH SERVICESNEED:

- A. MONTANA HEALTH STATUS INDICATOR RANKING 1976-80: 14  
 B. DHHS MEDICALLY UNDERSERVED DESIGNATIONS: PRIORITY LEVEL 1  
 PHYSICIANS NEEDED 1

	COUNTY	STATE AVE	7 CO AVE	RANK
C. INFANT MORTALITY RATE (1975-79)	16.8	13.5	17.9	3
D. INFANT DEATHS (1977-80) /1000	19.8	11.6	13.8	1
E. LOW BIRTH WT (1977-80)/1000	39.6	58.3	49.7	6
F. PERCENT BELOW POVERTY (1977)	15%			
G. ADC RECIPIENTS, MONTHLY 1981 PER 100,000	4.8	9.0	6.4	4
H. MEDICAID RECIPIENTS, MONTHLY 1981/ 100,000	28.9	24.9	13.7	1
I. WOMEN 15-45/1000	18.6	20.0	19.4	5
J. % POPULATION > 62 YEARS OF AGE	16.5		12.2	1
K. GENERAL FERTILITY RATE	87.0	90.0	98.1	6

	COUNTY	STATE AVE	RECOMMENDED STANDARD
K. PHYSICIAN/ POPULATION RATIO	0/1500	1/750	1/2500

SERVICE DATA:

- A. LICENSED PHYSICIANS 0  
 B. ACTIVE LICENSED NURSES: RN'S 5 LPN'S 1 PHN'S 1  
 C. DENTAL PRACTICES: FULL-TIME NONE  
 D. HOSPITALS: NONE  
 E. NURSING HOMES: WIBAUX COUNTY NURSING HOME (WIBAUX), 40 SKILLED BEDS, 52  
 INTERMEDIATE BEDS

# OF BED DAYS	<u>11,842</u>
% OCCUPANCY	<u>80.9</u>
EXPENSE/ PT DAY	<u>\$36.51</u>
ADMISSIONS	<u>24</u>

	COUNTY	RATE/1000	STATE AVE	7 CO AVE	RANK
F. LIVE BIRTHS (1979)	26	17.6	17.9	20.0	5
G. INDUCED ABORTIONS/ 1000 LIVE BIRTHS	2	83.3	173.9	132.4	3

DATA SOURCES

MONTANA STATE HEALTH PLAN 1981-82 (SHCC)

MONTANA HEALTH DATA BOOK AND MEDICAL FACILITIES INVENTORY, 1980

DHHS UNDERSERVED DESIGNATIONS LIST

MCH NEEDS ASSESSMENT 1982

HEALTH SERVICES ASSESSMENT, 17 EASTERN MONTANA COUNTIES, 1981

MONTANA VITAL STATISTICS

NOTES

1. INFANT MORTALITY RATE = # OF DEATHS<1YEAR / 1000 LIVE BIRTHS.



COUNTY WIBAUX

PUBLIC HEALTH SERVICES

NEED:

	COUNTY	STATE AVE	7 COUNTY AVE	RANK
A. UNEMPLOYMENT RATE 1979-81	3.13	5.98	4.98	5
B. IMMUNIZATION RATE 1981	100%	95.0%	97.2%	1
C. ADC RECEPIENTS, RATE/100 1981	4.8	9.0	6.4	4
D. MEDICAID RECIPIENTS, RATE/1000 1981	28.9	24.9	13.7	1
E. INFANT DEATHS (1977-80)/1000	19.8	11.6	13.8	1
F. LOW BIRTH WTS. (1977-80)/1000	39.6	58.3	49.7	6
G. WOMEN RECEIVING NO PRENATAL CARE (1977-80)/1000 LIVE BIRTHS	29.7	7.7	15.7	2
H. INDUCED ABORTIONS/1000 LIVE BIRTHS	83.3	173.9	74.9	3
I. WOMEN IN NEED OF FAMILY PLAN- NING/1000 (1979)	46.2	43.9	45.6	4
J. BIRTHS TO WOMEN <19 PER 1000 LIVE BIRTHS	25.0%	12.3%	14.2%	1
K. WOMEN, INFANTS & CHILDREN				
		INCOME AVE/MO	% OF POP ELIGIBLE ELIGIBLE	% OF POP ELIGIBLE FOR WIC SERVICES
		NA	51	34.5
				RANK

SERVICE DATA:

- A. PUBLIC CLINICS- WELL CHILD; WIC; IMMUNIZATIONS.
- B. SCHOOL HEALTH PROGRAMS- SCHOOL NURSING; IMMUNIZATIONS.
- C. FAMILY PLANNING SERVICES- COUNSELING SERVICES PROVIDED ON AN OUTREACH BASIS BY DAWSON COUNTY.
- D. HOME HEALTH SERVICES- HOME VISITS.

DATA SOURCES:

MONTANA STATE HEALTH PLAN  
MCH NEEDS ASSESSMENT 1982  
17 COUNTY HEALTH SERVICES ASSESSMENT  
PERSONAL INTERVIEWS WITH COUNTY PUBLIC HEALTH NURSES

NOTES:

1. THE WIC PROGRAM IS RUN IN CONJUNCTION WITH DAWSON COUNTY.



COUNTY WIBAUX

SERVICES FOR YOUTH

NEED:

	COUNTY	7 COUNTY	AVERAGE	RANK
A. 1981 JUVENILE PROBATION CASELOAD /1000	8.8	9.9	5	
B. 1981 CHILD ABUSE & NEGLECT REFERRALS/ 1000	6.77	6.3	3	
C. DISTRICT COURT JUVENILE PROBATION CASELOAD (1978-81)	.84	1.23	4	

D. STANDARDS FOR YOUTH SERVICES

YOUTH SPECIALIST/POPULATION  
DAY CARE FACILITIES

COUNTY	REC. STANDARD
	1/2500
NONE	1/5000

SERVICE DATA:

- A. REGISTERED DAY CARE HOMES: NONE
- B. LICENSED DAY CARE CENTERS: NONE
- C. LICENSED FOSTER CARE HOMES: 2
- D. RECREATION  
INDOOR  
OUTDOOR-- MULTI-PURPOSE COURTS; OUTDOOR POOL (1); BALLFIELD (1).
- E. JUVENILE PROBATION CASELOAD 1981 13

DATA SOURCES:

DEPT. OF INSTITUTIONS, CORRECTIONS SUPPORT BUREAU  
SRS, COUNTY WELFARE DEPARTMENTS  
CRIME CONTROL INDEX REPORT  
SRS, REGIONAL OFFICE CHILD CARE LICENSING SPECIALISTS

NOTES

1. OF 13 JUVENILE PROBATION CASES, NONE WERE SENT TO DETENTION FACILITIES.



COUNTY WIBAUX

SERVICES FOR THE ELDERLY

NEED

- A. # OF PEOPLE > 62 YEARS OF AGE 245  
B. % CHANGE IN ELDERLY POPULATION 1970 - 1980 +9.0%  
C. % OF POPULATION > 62 YEARS OF AGE 16.5%

D. SERVICE TO POPULATION RATIOS:

	COUNTY	RECOMMENDED STANDARD
LONG TERM CARE BEDS/1000	<u>62/1000</u>	<u>65/1000</u>
INTERMEDIATE CARE BEDS/1000	<u>35/1000</u>	<u>25/1000</u>

DATA SOURCES

U.S. CENSUS  
AREA AGENCY ON AGING  
MONTANA CENTER FOR GERONTOLOGY, MSU, BOZEMAN (GARY A. REFSLAND, DIR.)  
COUNTY AGING COORDINATOR  
SRS, COMMUNITY SERVICES

SERVICE DATA

A. UNITS OF SERVICE (DECEMBER TO MAY)

CONGREGATE MEALS	<u>46 PERSONS/ 572 MEALS</u>
HOME DELIVERED MEALS	<u>12 PERSONS/ 867 MEALS</u>
HOME CHORE SERVICES	<u>22 PERSONS/ 198 VISITS</u>
TRANSPORTATION	<u>31 PERSONS/ 313 RIDES</u>
HOME HEALTH SERVICES	<u>NONE</u>

B. SENIOR CITIZENS CENTER/S: TWO DAYS/ WEEK AT THE COMMUNITY CENTER

C. FUNDING

FEDERAL	\$9,856
STATE	468
COUNTY	<u>15,346</u>
TOTAL	25,670

NOTES

1. \$25,670 EQUALS 104.77 PER PERSON 62 YEARS OF AGE OR OLDER. THIS IS THE SECOND HIGHEST PER CAPITA DISTRIBUTION IN THE SEVEN COUNTIES.



COUNTY WIBAUX

RECREATION

NEED:

SERVICE DATA:

FEDERAL: NONE

STATE: NONE

LOCAL GOVERNMENT: BALLFIELDS (1); MULTI-PURPOSE COURTS (1); OUTDOOR POOL (1);  
PICNIC AREA (1).

DATA SOURCES

ENERGY DEVELOPMENT IN SOUTHEASTERN MONTANA: ITS IMPACT ON OUTDOOR  
RECREATION, 1982

DEPT. FISH, PARKS AND WILDLIFE, LAND AND WATER CONSERVATION ASSISTANCE  
FUND

MONTANA RECREATION GUIDE, DEPT. FISH AND GAME, PARKS DIVISION

NOTES

1. \$36,200 IN FEDERAL GRANTS AWARDED TO WIBAUX COUNTY FOR RECREATION.



## BIBLIOGRAPHY OF PRIMARY AND SECONDARY DATA SOURCES

### ANNOTATED BIBLIOGRAPHY OF PRIMARy DATA SOURCES

Alcohol Monthly Report Data. Department of Institutions, Alcohol and Drug Division.

No program reports prior to 1978.

Alcohol Related Motor Vehicle Accidents. Department of Justice, Department of Highway Traffic Safety.

Integrity of the system depends on standardized reporting by local units. This data may be handled differently by different local jurisdictions.

Child Abuse and Neglect Statistics. County Welfare Departments.

No standardized reporting system. Record keeping procedures vary with individual welfare caseworker. Some offices were only able to provide estimates.

Crime Index Report. Department of Justice, Research and Planning Bureau.

This report has proved inadequate and has now been replaced by a new reporting system. One of the main problems is that it underreports rural crime and law enforcement activity. Most of rural crimes are misdemeanors while this system stressed felonies.

Domestic Violence Service Statistics. Reported by local agencies to SRS in Helena.

Different agencies take reporting with different degrees of seriousness. The agencies themselves don't have funding dependent on caseloads reported, thus there is a tendency to underreport. An overwhelming number of cases in coal impact counties are reported by SRS. Statewide, most cases are reported by hospitals and police. Differing levels of awareness of the issue also affect whether or not it will be reported, i.e., a district attorney may be aware that abuse is involved in a case, however, if it is not the main issue it may not be reported. Finally, this is not an unduplicated account. The same case may be seen by several agencies.

Emergency Medical Services. County Ambulance Services.

There is no standardized record keeping system for ambulance services, and the state does not have a record keeping system. The "% emergency" was estimated by county ambulance personnel. This statistic is not tracked.

Highway Patrol DUI Summons Records. Department of Safety Division.

Often there is no highway patrol officer regularly assigned to rural areas. Local law enforcement agencies have different procedures for handling such cases.

Marital termination. Montana Vital Statistics, DHES.

May underreport temporary residents such as construction workers. Also, persons may file for divorce in another county.

Maternal and Child Health Needs Assessment, 1981. Department of Health and



**Environmental Services.**

Survey of providers is limited because only public sector providers were interviewed. Even private no-profit corporations receiving public monies were not surveyed.

Montana Comprehensive Plan for Alcoholism and Drug Abuse Prevention, Treatment and Rehabilitation (February 1982), Department of Institutions.

Very weak on "need" data. It uses lots of population figures. There is no attempt to regionalize by incorporations, demographics, per capita consumptions, and other relevant indicators.

Montana Energy Almanac 1980. Department of Natural Resources and Conservation,

Planning and Analysis Bureau.

Proposed development data is the information which becomes out of date most rapidly. This information needs to be obtained directly from corporations.

Montana State Judicial Information System: District Court Annual Report (1979, 1980, 1981, 1982) Montana Supreme Court.

Report started in 1978.

Montana Vital Statistics. Department of Health and Environmental Services, Planning and Evaluation Unit.

In counties with small populations, one or two cases may give unrealistic, highly variable incidence rates. It is important, for that reason, to always look at the absolute number on which the rates are based.

Per Capita Alcohol Consumption. Department of Revenue, Liquor Division.

This is calculated by taking the gross revenue figure of alcohol beverage sales in the county and dividing by the county population. It does not reflect whether alcohol was purchased by a resident or non-resident. Furthermore, county population estimates do not include temporary residents such as seismographic survey crews or temporary construction workers.

Probation and Parole Caseloads, Department of Institutions, Corrections Support Bureau.

Splitting of offices and rearrangement of service areas make it difficult to see what is happening over time. Department of Institutions had to specially prepare data, therefore state trends not available for comparison. Would be an unreasonable amount of work to obtain. New reporting system will more accurately define workload as clients will be identified by amount of supervision needed.

Mental Health Service Data: Regional Mental Health Centers

No standardized definitions. An outpatient unit of service is defined differently by different centers. State reimbursement is based on units of service data but this was just started second quarter 1977-78. Big Horn County has only been self funded for one year. It was previously a satellite of Billings region. It is now totally county funded and they are not tied into the federal report/reimbursement system.

Tamminga, H.L. Older Montanans: Their Characteristics, Problems and Needs for Services. Center for Gerontology, Montana State University, Bozeman, 1982.



Need for income tax services was taken to mean a need for legal services. Data is in regions rather than counties so can't look at specific county information.

Unemployment Rate, Department of Administration, Information Division,  
Consulting Services Bureau.

Often does not show temporary unemployment or transient unemployment.

U.S. Census Data. U.S. Department of Commerce.

Among the most accurate of data. When criticized, it is criticized primarily for underreporting in urban rather than rural areas. Population projections are much less accurate.

Wachsmith, J.L. "Energy Development-Its Impact on Outdoor Recreation," 1981.

This study is a survey of current residents. It is difficult, therefore, to use in predicting future needs in areas which currently have low levels of immigration from energy development. There is reason to believe from other studies, the preferences of the newcomers in recreation will differ from the current residents'. Study is also limited in ability to predict recreational needs since it deals exclusively with outdoor recreation. Much of outdoor recreation has a very limited season (e.g., hunters, picnicking). For example, picnicking might be stated as first preference, when in fact, if bowling were available, picnicking would be done less. The sample is not representative. Only residents of the cities of Miles City, Forsyth and Circle were interviewed. No interviews were conducted in more rural areas. Additionally, some interviews were taken at places of work rather than household surveys. These were all done in central business districts, not in coal and oil fields.

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## LIST OF PROJECT CONTACTS

### BIG HORN COUNTY

Balsamo, Joe. Family Counselor, Big Horn Co. Health Department  
Card, Barbara. Coordinator, Big Horn County Council on Aging  
Eakin, Mike. Legal Services  
Gough, Margie. Planner  
Hough, Mary. Alcohol Counselor, Big Horn Co. Health Department  
James, Don. County Health Officer  
Kennedy, Mike. Hospital Administrator, Big Horn Co, Hospital (Hardin)  
Kukas, Jean. Social Services  
Lind, Dolene. Public Health Nurse Big Horn Co. Health Dept. (Hardin)  
Lippert, Joyce. City Clerk, Hardin City Hall  
Lippert, Tom. County Sanitarian, Public Health Department  
Marble, Alian. Big Horn County Ambulance Service  
Morisette, Dell. Owner, Purple Cow Restaurant (Hardin)  
Palm, Paul. Assistant Superintendent of School (Hardin)  
Rokita, Rusty. Rokita and Associates (Hardin)  
Schnese, John. Adult Education (Hardin)  
Seykora, John. County Attorney (Hardin)  
Snively, Roberta. County Superintendent of Schools  
Whiting, Robert. Dr. Medical Clinic (Hardin)

### CUSTER COUNTY (MILES CITY)

Anderson, Fred. High school representative  
Benge, Milt. Education Alliance -Custer County Rest Home  
Big Horn, Ernie. Indian Development and Education Alliance  
Fleming, Maurice. County Commissioner  
Fox, Elsie. Senior Citizen representative.  
Getz, Jenny. Action for Eastern Montana  
Jones, Rick.  
Kearnes, Sharon. Displaced Homemakers  
Kennedy, Barbara. County Planner  
Kohn. Collen. Public Health Nurse  
Kukowski, George. Mayor  
Majewski, Judy. Bureau of Land Management  
Marron, Tom. Parks and Recreation  
Martin, Abe. District Judge  
Martin, Russ. Fire Chief  
Muggli, Gail. County Extension Agent  
Ottoy, Margaret. County Planning Office  
Oxner, Don. State senator and rancher  
Oxner, Gary. Rancher  
Peters, Dane. Bureau of Land Management  
Stickney, Jessica. Cultural Arts Leader

### DAWSON COUNTY (GLENDALE)

Anderson, Craig. Juvenile probation  
Cross, Louise.  
Hart, Marge. legislator  
Moline, Roy. Northern Plains Resource Council



Navratil, Maryellen. Welfare  
Olson, Larry. Mental Health  
Pickering, Rita. Welfare, Spouse Abuse Task Force  
Polari, Jack. Alcohol and Drug Program  
Walters, Jeff. Adult Probation

McCONE COUNTY (CIRCLE)

Breitbac, Tom. McCone Area Protective Organization  
Coons, Len. People for Economic Progress  
County Commissioners and county employees (informal)  
Dryer, Elmo. Rancher  
Kasten, Dave and Betty Lou. People for Economic Progress  
Morgan, Jimmie. McCone County Ambulance Association  
Quick, Lyle. Chairman, County Commissioners  
Stegmier, Jim. People for Economic Progress; bank president  
Wischmann, Bonnie. Librarian  
Wischmann, Polly. Public Health Nurse

POWDER RIVER COUNTY (BROADUS)

Beach, Lonnie. City Hall  
Brooks, Bob. County Attorney  
Hough, Jean. Motel Owner  
Huckens, F.F.  
Iriam, Floyd. Former County Commissioner  
Iriam, Mary. Senior Citizen Services  
Jesse, Ken. Jesse Ambulance Service  
Knoll, Warren. Bank loan officer  
Mace, Ray. Former high school superintendent  
Roschkow, Alvin.  
Sears, Sam. High school superintendent  
Stuver, Diane. Librarian and rancher  
Sullivan, Randy. Public Health Nurse  
Wood, Eugene. County Commisssioner

ROSEBUD COUNTY

Abraham, Sandy. Drug and Alcohol Services  
Arfman, Robert. Dr. (Forsyth)  
Asay, Mr. and Mrs. Tom. (Forsyth)  
Ash, Bob. Sheriff  
Broadus, Hugh. (Lame Deer)  
Bruins, Pete. Mental Health (Forsyth)  
Carney, Jan. Colstrip Medical Clinic  
Cote, Albert. District Judge (Forsyth)  
Dewell, Steve. Rosebud County Ambulance  
Fondrich, Nolan. Director of Maintenance Western Energy Corporation  
(Colstrip)  
Gable, Teri. Social Services (Colstrip)  
Hill, Ann. Community member (Colstrip)  
Kennedy, Mike. Welfare Services (Forsyth)  
McRae, Wally. Rancher  
Nygaard, Ken. Juvenile Probation Officer (Forsyth)



Olmsted, Lois. Secretary, Colstrip Medical Advisory Board, Colstrip Clinic  
Plympton, Donna. Public Health Nurse, Rosebud County Health Department  
Reardon, Pat. Manager, Sunlight Development Corporation (Colstrip)  
Rice, Eldon. County Planner (Forsyth)  
Robertson, Tom. Administrator, Colstrip Medical Clinic  
Schwartzkoff, William. (Forsyth)  
Sheenan, Terry. IGA Market (Colstrip)  
Snodgrass, Alice. Community member (Ashland)  
Taylor, Ryan. Superintendent of schools (Forsyth)  
Tusler, Melinda. Sanitarian, Rosebud County Health Department (Forsyth)  
Urban, Otto. Minister (Colstrip)  
Worhmann, Robert. Sunlight Development Corporation

#### TREASURE COUNTY

Adams, Mary. Public Health Nurse (Hysham)  
Cunningham, Joanne. Chairperson, Treasure County Board of Health (Hysham)  
DeCock, Henry. County Commissioner  
Felsted, Gary. Sheriff (Hysham)  
Gamble, Carol. Treasure County Ambulance Service

#### YELLOWSTONE COUNTY

Bars, Diane. Youth Court Judge (Billings)  
Icenoggle, Lanny. Project Manager, MONTCO Corporation  
Neligh, Gordon. M.D. Indian Health Service Psychiatrist (Billings)  
Tower, Margene. R.N. Indian Health Service (Billings)  
Wilson, Pat. Director, Public and Government Relations, MONTCO  
Winslow, Cal. Director of Development, Deaconess Hospital (Billings)

#### WIBAUX COUNTY

Addair, Lavon. Secretary Treasurer, Wibaux County Commissioners  
Booth, Francis and Raymond. Senior Citizens  
Buchbyer, Dennis. Assistant Sheriff  
Chrudimsky, Marian. Public Health Nurse  
Cornfeld, Steve. Minister  
Datta, Frank. Wibaux County Ambulance  
Heineman, Kick. Attorney  
Kimlett, Jim. School superintendent and president of Chamber of Commerce  
Nicosea, Mike. School principal  
Schlapia, Dey. County Commissioner

#### STATE GOVERNMENT

##### Department of Administration:

Brusett, Morris. Director  
Brooks, Philip. Consulting Services Division  
Motl, Cheryl. Administrative Assistant to the Director  
Neu, Doris. Consulting Services Division  
Roberts, Pat. Consulting Services Division

##### Department of Commerce:



Buchanan, Gary. Director  
Campbell, Murdo. Administrative Officer, Montana Coal Board  
Ferguson, Carol. Administrative Officer, Hard Rock Mining Board  
Froelich-Sheline, Barb. Administrative Assistant, Montana Coal Board  
Leifer, Nancy. Bureau Chief, Development Bureau  
McCrackin, Rob. Impact Assistance Planner

Department of Health and Environmental Sciences:

Drynan, John. Director  
Aagene, Charles. Chief, Health Planning and Resource Development  
Anderson, John. Administrator, Health Services Division  
Barlett, John. Deputy Director  
Dawson, Drew. Chief, Emergency Medical Services Bureau  
Gedrose, Judy. Nursing Division  
McKnight, Jacqueline. Chief, Facilities Licensing & Certification Bureau  
Niccolucci, Albert. Health Planning  
Pratt, Sidney. Chief, Maternal and Child Health Bureau  
Solomon, Robert. Administrative Officer, Planning and Evaluation Unit  
Wilson, John. Chief, Records & Statistics Bureau

Department of Fish Game and Wildlife:

Flynn, James. Director  
Holliday, Ron. Administrator, Parks Division  
Pacini, Paul. Parks Division

Department of Institutions:

South, Carroll. Director  
Anderson, Dan. Administrative Officer  
Buchman, Mary Lou. Glasgow Mental Health Center  
Gersack, Ron. Director, District #3 Alcohol and Drug Program (Miles City)  
Hoover, Jerry. Administrative Assistant, Mental Health And Residential Services  
Jones, Marty. Director, Galsgow Mental Health Center  
Moore, Don. Acting Director, Manpower Planning Division  
Murray, Mike. Administrator, Alcohol and Drug Abuse Division  
Petersen, Jim. Administrative Assistant, Eastern Montana Mental Health Center  
Petaja, Dick. Research Specialist, Corrections Support Bureau  
Polari, Jack. Director, District #2 Alcohol and Drug Program  
Pomroy, Jim. Chief, Corrections Support Bureau  
Russell, Dan. Administrator, Corrections Division  
Rutledge, Joan. Planner, Alcohol & Drug Abuse Division

Department of Justice:

Greeley, Mike. Attorney General  
Anderson, Craig. Juvenile Probation Officer (Glendive)  
Baurenfeind, Pat. Executive Secretary  
Bullis, Ann. Big Horn & Treasure Counties Juvenile Probation Officer  
Butts, Ernest. Juvenile Probation Officer (Miles City)  
Butts, Marion. Juvenile Probation Officer (Miles City)



Dye, Marvin. Chief, Grants Administration Division  
Furois, Bill. Chief, Traffic Records Bureau  
Goke, Al. Administrator, Highway Traffic Safety Division  
Gould, Bill. Chairman, Energy Impact Task Force Commission  
Lavin, Mike. Administrator, Crime Control Division  
Nelson, Steve. Chief, Juvenile Justice Bureau  
Nygaard, Ken. Juvenile Probation Officer, Rosebud County  
Petersen, Laurence. Chief, Research and Planning Bureau  
Strizich, Bill. Board of Crime Control, Field Representative (Great Falls)  
Toftely, Allen. Assistant Administrator, Highway Traffic Safety Division  
Williams, Jack. Chief, Research & Evaluation Bureau

Department of Lands:

Moon, Gareth. Commissioner  
Driear, Ralph. Environmental Coordinator

Lieutenant Governor's Office:

Shields, Mike. Administrative Assistant

Department of Natural Resources and Conservation:

Berry, Leo. Director  
Massman, Carol. Adminsitratve Officer, Special Staff  
McClane, Nancy. Research and Information, Planning and Analysis Bureau  
Nichols, Pat. Environmental Specialist  
Owens, Dallas. EIS Division  
Scofield, Tom. Eis Division

Office of Public Instruction:

Argenbright, Ed. Superintendent  
Sartorius, Spencer. Health and Physical Education Specialist

Department of Revenue:

Tom Mulholland, Assistant Administrator, Liquor Division

Department of Social and Rehabilitation Services:

LaFaver, John. Director  
Addington, GAry. Administrative Officer III, Budget & Contract Bureau  
Blewett, Gary. Administrator, Economic Assistance Division  
Britts, Wayne. SRS, Area II Agency on Aging (Roundup)  
Bullock, Margaret. Chief, Special Projects Bureau, Rehabilitative Services  
Division  
Carlson, Judy. Deputy Director  
Cummins, Elly. Chief, Management Operations Bureau  
Donaldson, W.R. Administrator, Rehabilitative Services Division  
Ellery, Jack. Administrator, Developmental Disabilities Division  
Godbout, Pat. Administrator, Audit and Program Compliance Division  
Haefer, Dale. Program Manager, HURA  
Homme, Lucy. Licensing Specialist (Miles City)



Lamb, William. SRS, Rehabilitation District Supervisor (Miles City)  
Lowney, Jack. Chief, Management Operations Bureau, Economic Assistance  
Division  
Lovaas, Lori. SRS, Area I Agency on Aging (Glendive)  
Matthews, Susan. SRS Regional Coordinator, Rehabilitative Services (Miles  
City)  
Neyrinck, Jean. Regional Supervisor, Developmental Disabilities (Billings)  
Owen, Bill. Developmental Disabilities Counselor (Colstrip)  
Surdock, Pete. Chief, Evaluation Bureau  
Vestre, Norma. Administrator, Community Services Division

#### OTHER MONTANA OFFICIALS

Connors, Janice. Executive Director, Montana Medical Foundation  
Foley, Jim. Executive Director, Montana Health Systems Agency  
Kirchner, Barb. Montana HSA Field Representative (Sidney)  
Olsen, Judy. Montana Nurses Association (Helena)  
Refsland, Gary. Director, Center for Gerontology, Montana State University  
Zinns, Brian. Executive Director, Montana Medical Association

#### FEDERAL GOVERNMENT:

Baker, Anson. Acting Director, Billings Area  
Barr, Nathaniel. Department of Energy, Human Health & Assessments, Energy  
Technology Division (Rockville, Md)  
Holman, John. DHHS, PHS, Health Manpower Division (Denver)  
Jones, Jeff. Mining Managment Services (Denver)  
Kyle, Jeff. National Energy Information Center (Washington, DC)  
Lich, Harvey. Indian Health Service, Program Planning (Billings)  
Miller, Russ. Regional Programs Coordinator (Helena)  
Smith, Jim. Area Director, Indian Health Service (Billings)  
Sutton, Arlene. DHHS, Administrator, Office of Human Development Services  
(Denver)

#### INDUSTRY

Basin Electric Cooperative. Dennis Barnhardt, Assistant Manager, Information  
Services (Bismarck, ND)  
Council of Energy Resource Tribes. Glen Lane, Project Manager (Denver)  
Consolidated Coal Company. Dan Baker (Denver)  
Meridian Land & Minerals. Chuck Rech, Project Engineer; Gene Galovic  
(Billings)  
Montana Coal Council. James Mockler (Helena)  
Montana Power Company. Joseph McElwain, Chairman of the Board; Nancy Sheetz-  
-Freymiller, Manager-Community Relations (Butte)



MONTCO. Pat Wilson, Director of Public Relations and Government Affairs  
(Billings)

Overthrust Industrial Association. Owen Murphy, President (Denver)

Tenneco. Dennis Sandberg, Information Officer (Glendive)

Utah International. Robert Wheaton, Vice President; Roger Nelson, Marketing  
(San Francisco)

Washington Energy Company. Ron Teissere (Seattle, Wa)

Westmoreland Resources. Joe Presley, President (Billings); Dave Simpson,  
Environmental Coordinator (Hardin)

WESCO Resources. Steve Elliot, Vice President (Billings)

Western Energy Company. Martin White, President (Butte)



## Selected Annotated Bibliography

Bates, Edward U., Frank W. Clark, and Jon Bertsche, "Developing Comprehensive Community Helping Systems in Boom Towns: The Potential for Informal Helping", The Boom Town: Problems and Promises in the Energy Vortex, ed. Davenports, University of Wyoming, Laramie, 1980.

This article presents a theoretical model, based on interview research done in Sidney, Montana, for meeting human service needs in boom town communities. The authors make a presumption that it is impossible for formal agencies, organizations or providers to meet all of a community's needs. The informal and natural care givers must respond to the expanded needs in a boom town. The human services professional is required to take on an expanded role in this model--that of developing and coordinating the informal or natural care system.

Buxton, Edward B., "Delivering Social Services in Rural Areas", Public Welfare, Vol. 31, Winter, 1973, p. 15.

This article presents a discussion of problems encountered by social workers in rural areas in delivering social services. The author offers seven suggestions for successful community development in rural areas. The article is based on experience in Wisconsin with emphasis on community self-help orientation.

Colorado Division of Criminal Justice, Colorado's Energy Boom: Impact on Crime and Criminal Justice, 1981.

A very comprehensive report based on energy development in Colorado and other states experiencing boom growth and the resultant impacts on crime rates, law enforcement agencies and courts. The report includes a section on human service delivery problems and highlights two major social problems of boom areas: substance abuse and domestic problems. Authors designed the report as a planning tool, "to supply local and state offices and criminal justice practitioners with information for decision-making." Specific recommendations for courts; law enforcement agencies; youth; and jails, probation and parole are included.

Cortese, Charles, and Bernie Jones, "The Sociological Analysis of Boom Towns," Western Soc. Rev., Vol. 8, #1, 1977.

A study of the social changes that occur in small rural communities as they experience rapid growth, based on ethnological research in 2 N.D. and 1 Wyoming community. Researchers conclude that the basic social and cultural changes occurring "add up to the process of urbanization" or "modernization" and that the communities go through these changes in 4-5 years as opposed to decades. The communities become more "diverse", more oriented toward "specialization" and "bureaucratization", more "anonymous". Researchers noted that social impact assessments must reflect these basic community changes so that "those communities which still have some ability to decide whether or not they should be impacted be made aware of the ultimate effects of that choice."

Davenport, Joseph and Judith A., "Grits and Other Preventative Measures for Boom Town Bifurcation", The Boom Town: Problems and Promises in the Energy Vortex, ed. Davenports, University of Wyoming, Laramie, 1980.

Based on experience in Eastern Montana and Wyoming the authors describe the divided community problem common in boom town communities. They then offer



broad strategies for lessening the problem: slowing down the influx of newcomers to rural communities through a variety of decision-making processes from the local to the international and developing a local strategy for integrating newcomers into the community.

Davenport, Judith A. and Joseph, "A Town and Gown Approach to Boom Town Problems", Boom Towns and Human Services, ed. Davenports, University of Wyoming, Laramie, 1979.

This article offers a discussion of energy impact using both literature and the author's experiences in Wyoming. Particular attention is paid to the problems of women and the elderly. The authors describe the Wyoming Human Services Project which is a multidisciplinary team approach to augmenting local resources and assisting a community in identifying its problems and priorities. The article offers a list of problem areas identified in Gillette, Wyoming, and suggestions by project staff in responding to those problems.

Dept. of Housing and Urban Development, Rapid Growth from Energy Projects, Ideas for State and Local Action, 1976.

A handbook "to show what the community impacts of energy projects are likely to be; to share ideas for action among communities, based on actual experiences; and to point out sources of help for information, planning and financial assistance." Rapid growth experience from a variety of energy development projects, including communities in Wyoming, Colorado and Utah, is included. The section on Managing Growth emphasizes the need for an "Energy Impact Plan" and strong public leadership to make sure the plan is carried out. The section on Quality of Life outlines some negative effects of rapid growth, particularly on the elderly, women and children, but also points out that more people can provide the basis for more opportunity. The section on Services to People discusses the difficulties human services have in responding to rapid growth: quickly overburdened, needs of population change, service expansion lags behind population influx, very difficult to recruit or keep personnel. The case study from Sweetwater County, Wyoming, notes that residents, during a period of boom growth, rated medical and mental health services the top priority for improvement of existing services.

Federation of Rocky Mountain States, Inc., "Mitigation of Social Impacts", Chapter III, Vol. 3, Energy Development in the Rocky Mountain Region: Goals and Concerns, 1975.

Includes three articles on boom growth in the Rocky Mountain West: "Mitigation of Social Impacts on Individuals, Families and Communities in Rapid Growth Areas", Dean Talagan and William Rapp; "Mitigating the Undesirable Aspects of Boom Town Development," Allen Kneese; "Community Mobilization for Adaptation to Change in Rapid Growth Areas", Gilbery White and Gottfried Lang. "Chapter III is directed at the need for planning and delivery of the human requirements in a rapid growth area." The articles emphasize the need for advance planning and discuss the importance of cooperation and exchange of information by all organizations and agencies involved. They note the importance of front end funding for health and human services, and educated local leadership in efforts to cope with regional growth problems.



The Growth Impact Group, Quality of Life, Expectations of Change and Planning for the Future in An Energy Production Community, University of Colorado, Boulder, 1982.

The first report from a longitudinal controlled study of social change that occurs with boom growth based on community interviews in two Colorado towns, one beginning a boom phase, the other not expected to grow as a result of energy development. Researchers found that social problems such as increased crime, domestic violence, alcoholism, depression, "may be caused or made worse by stress associated with change, isolation, confinement, boredom, financial problems, and inadequate social support systems." They conclude that "active" planning, that is a joint effort on the part of local government and industry to negotiate and manage future population growth, is essential. "For it is industry policy and activity that results in too rapid growth and too rapid change in the socio-economic and political structure of the community, disrupting the informal and formal social support systems and forcing some workers to move frequently, all of which contributes to the hostilities between newcomers and longtimers, and, in turn, slows the process of adaptation and adjustment." They also note that attention to social needs such as local job training, day care, newcomer integration, and provision of adequate human services are critical to prevention and mitigation of social problems in a rapid growth community.

Lantz, Alma, Karen Sackett and Vicki Eaton, "A General Approach and Strategies for Intervention", The Boom Town: Problems and Promises in the Energy Vortex, ed. Davenports, University of Wyoming, 1980.

A thorough and academic review of the literature discussing the psychological problems caused by the stresses of social disintegration. The article describes the social disintegration that occurs in boom town communities and offers suggestions for developing social integration in a boom town situation, thus "preventing or mitigating the problems caused by a rapidly changing environment."

Little, Ronald, "Some Social Consequences of Boomtowns", North Dakota Law Review, V. 53, #3, 1977.

The article outlines the social consequences of boom town growth: "High instances of divorce, depression, alcoholism, attempted suicide", increased crime rates, and discusses the basic cause: the stresses and strains and community conflict situations that come from "transformation of the existing social structure into something new." The author uses boom growth experience in Page, Arizona, to illustrate the basic thesis of community conflict generated by rapid growth. He notes that the social consequences of boom growth have received little attention in EIS's or other planning documents and concludes that boomtown problems will continue until planning for social problems that come with growth receives as much attention from decision makers and planners as the economic and environmental problems.

Lovejoy, Stephen B., Ramona Marotz-Boden, and John Baden, "Contracting for Public Service Delivery: An Alternative for Boomtowns", Western Rural Development Center, Corvallis, Oregon.

This article offers a case for local governments to contract with private entrepreneurs for the delivery of services required to meet boom town needs. A list of possible services for contracting and a four point



rationale for this approach is included."

Milburn, Laura, "Health Care Problems in Rural Energy Boom Towns", presented at 1982 National Rural Conference on Rural Primary Care.

This article offers a description of coal, oil, and gas boom towns in rural areas, "describes their common health problems and makes recommendations to assist community leaders in responding to health care needs." The author suggests a local committee approach to planning and offers twelve health care problems which need to be addressed in rural boom town communities. The study area of this article included Sidney, Montana.

Moen, Elizabeth, "Social Problems in Energy Boom Towns and the Role of Women in Their Prevention and Mitigation", The Boom Town: Problems and Promises in the Energy Vortex, ed. Davenports, University of Wyoming, Laramie, 1980.

This article presents findings of interview research study of women in Craig and Paonia, Colorado, in which a preliminary investigation of three hypotheses was made: 1) individuals, families and communities that can adapt to change by maintaining a high level of social integration should suffer fewer negative consequences from energy development, 2) the social and economic integration of women increases their ability to act as family and community integrators and stabilizers, and 3) an energy boom town which enhances women's abilities to participate in all spheres of society will experience lower rates of personal and family problems." The article also includes a discussion of literature concerning social disintegration during periods of rapid growth and the role of women in providing stability and integration within a community during these periods.

Waidman, Arthur L., "The Role of The Church", Boom Towns and Human Services, ed. Davenports, University of Wyoming, Laramie, 1979.

This article by the Ministry to Impact Areas of the Wyoming Church Coalition is a challenge for churches to play a significant role in responding to the full range of energy growth impacts. The author includes a basic rationale and detailed guidelines and suggestions for both facilitation (planning and influencing) and direct action (provision of service).

Warner, Earle, "Grassroots Organizing in Boom Towns", Boom Towns and Human Services, ed. Davenports, University of Wyoming, Laramie, 1979.

This article represents the orientation of the Western Action Training Center, a group involved in community organization around rapid growth issues in the Intermountain West. Rapid growth and change that comes with large scale energy development causes a loss of traditional way of life in the West. The author offers a community organization model for residents maintaining control and resisting that loss. The article discusses barriers to community organization and ways to be successful with organizing a community.

Weisz, Robert, "Coping with the Stress of a Boom: Mental Health Alternatives for Impacted Communities", The Boom Town: Problems and Promises in the Energy Vortex, ed. Davenport, University of Wyoming, Laramie, 1980.

Based on experience in the boom town of Gillette, Wyoming, the author offers practical suggestions for mental health programs to address psychological problems caused by "the stressful adaptations from rapid



change and growth". The suggestions included fall in three areas: 1) prevention oriented mental health services, 2) staff development, and 3) development of coordination and cooperation with other community programs and services.

Williams, Anne, Russell Youmans, and Donald Sorenson, "Providing Rural Public Services: Leadership and Organizational Considerations", Rural Development Center, Corvallis, Oregon.

This article presents research aimed at "identifying leadership and organizational variables which might be altered to improve the institutional structures for providing public services to rural areas." The article is intended as a tool for a "rural community development practitioner" to help bring about improved public services in rural areas.

#### Other Sources Reviewed:

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Bleiker, Hans, "Community Planning in Boom Towns: Why It's Not Working Well and How to Do It More Effectively", The Boom Town: Problems and Promises in the Energy Vortex, ed. Davenports, Wyoming Human Services Project, Laramie, 1980.

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